HIV REFORM IN ACTION

CORPORATE AGREEMENT; HEALTH SYSTEMS STRENGTHENING FOR A SUSTAINABLE HIV / AIDS RESPONSE IN UKRAINE (HSS SHARE)

QUARTERLY REPORT #2

January 1st, 2014 – March 31th, 2014

AWARD NUMBER: AID-121-A-13-00007

DELOITTE CONSULTING, LLP

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LIST OF ACRONYMS

Acronym	Description
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral (drug)
BCC	Behavior Change Communication
BL	Baseline
B&M Plan	Branding and Marking Plan
CB	Capacity building
CME	Continuous Medical Education
CPD	Continuing Professional Development
CSO	Civil Society Organization
CMU	Cabinet of Ministers of Ukraine
COP	Chief of Party
C&T	Counselling and Testing (Synonyms often used: HCT, VCT
DCOP	Deputy Chief of Party
DRG	Diagnostic Related Groups
ER	Expected results
FCPA	Foreign Corrupt Practice Act
FM	Family Medicine
FSW	Female Sex Workers
GARP	Global AIDS Report
GF	Global Fund
GoU	the Government of Ukraine
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HQ	Headquarters

HR	Human Resources
HRH	Human Resources for Health
HRIS	Human Resource Information System
HSS-SHARe	Health System Strengthening for a Sustainable HIV/AIDS Response
ICD	International Classification of Disease
ICT	Information Communication Technology
IDUs	Intravenous Drug Users
iHTP	Integrated Healthcare Technology Package
IT	Information Technology
KAP	Knowledge Attitude Practice
KM	Knowledge Management
KMCS	Knowledge Management and Communication Strategy
LTTA	Long-Term Technical Assistance
MARPs	Most-At-Risk Population
MAT	Medication-assisted treatment
MMBT	Maturity Model Benchmarking Tool
MOF	Ministry of Finance
MOH	Ministry of Health
MOU	Memorandum of Understanding
MoV	Means of Verification
MSM	Men who Have Sex with Men
M&E	Monitoring and Evaluation
NAP	National AIDS Program
NASA	National AIDS Spending Assessment
NGO	Non-Governmental Organization
NHA	National Health Accounts
NHP	National HIV Plan
OVI	Objectively Verifiable Indicators

PEPFAR	President's Emergency Plan For AIDS Relief
PHC	Primary Healthcare
PLHIV	People Living with HIV/AIDS
PLWH	People Living with HIV/AIDS
PMEP	Performance Monitoring and Evaluation Plan
POC	Point of Contact
PPP	Private Public Partnership
PWID	People Who Inject Drugs
Q&A	Questions and Answers
ROI	Return on Investment
SLA	Service-Level Allocation
SOW	Scope of Work
STTA	Short-Term Technical Assistance
TA	Technical Assistance
TB	Tuberculosis
TBD	To Be Determined/To be done
TOR	Terms of Reference
UCDC	Ukrainian Center for Disease Control
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counselling and Testing
WG	Working group
WHO	World Health Organization

GENERAL PROJECT INFORMATION

Country of performance	Ukraine	Project name	**HIV Reform in Action**. Former name; Health Systems Strengthening for Sustainable HIV/AIDS response in Ukraine
Regions/Oblasts	Kiev City	Short name	HSS SHARe
Agreement Officer Representative (AOR)	Paola Pavlenko	Cooperative Agreement number	AID-121-A-13-00007
Alternate AOR	Mark Breda	Implementer	Deloitte Consulting LLP
Date of report submission	04/15/2014	Project period of performance	October 1, 2013 – September 30, 2018
Period covered	January 1, 2014 – March 31, 2014	Latest modification number and date	Original award 09-27-2013

CHIEF OF PARTY SUMMARY

During the reporting period, the project has fully deployed its staff and operations. The project team has started a wide range of activities, including participation in GF sustainability planning and engagement with USAID initiatives, where the team has prepared a project sustainability plan. This USIAD initiative has been timely, considering recent turbulent political events' impact on producing deliverables, achieving results, and developing recommendations and methods.

During the quarter, Kiev and other cities within Ukraine experienced significant political unrest which effected project activities. Following the unfortunate violence in Kyiv on February 18th and 20th, the AO approved international travel for Sam Tornquist and Clay Madden. Mr. Tornquist and Mr. Madden evacuated Ukraine to work remotely and returned to Kyiv March 13th after the situation normalized.

The project has adapted to these challenges. In the case of oblasts, we have reconsidered selection and roll-out sequence. Mitigating these challenges, the project team has been flexible and significant progress has been achieved as presented in this report.

The project team has established collaborative relationship with one of the key beneficiaries and recipients of the project, and signed the MOU with the State Services for Socially Dangerous Diseases. The next MOU with the Ministry of Health was prepared, after the draft was approved by USAID. This document was already submitted to MOH via deputy Minister Bogachev. Due to political changes, this document must now however be re-submitted. Further MOU preparation with the Ukrainian Center for Disease Control (UCDC) as well as preparation of MOU with oblast authorities in Lviv is well ahead in preparation through dialogue with counterparts. The MOU with State Services along with accompanying documents is ready to be submitted to USAID for start of the project registration process.

The project team submitted updated Log-Frame and PEPFAR indicators, by April 9th updated from comments received since previous submission date March 27th 2014.

PROJECT START-UP, MANAGEMENT AND OVERARCHING ACTIVITIES

The first quarter of the HIV Reform in Action Project was devoted to project start up activities including work planning, establishing working relationships with key USAID officers for the program and setting up contacts with key counterparts, through activities illustrated in the following pages.

No.	Activity	Output	Progress (planned vs. actual) [1]	Comments about progress and plan for next Quarter
1. Project Start-Up				
1.1	Introduction call with USAID and Deloitte HQ Project Management	Introduction call held	Done	
1.2	HQ startup team deployment (Project Manager, Operations Lead and Engagement Director)	Startup team deployed	Done: Startup team deployed to Kiev, including the Project Director, Project Manager, and Operations/Finance Officer.	
1.3	COP hiring and deployment	COP hired and deployed	Done: All five Key Personnel hired during the quarter incl. COP, DCOP, three Area Leads.	
1.4	DCOP and Component Leads hiring and deployment	DCOP and Component Leads are hired and deployed	Done: All five Key Personnel hired during the quarter including COP, DCOP and three Objective Leads.	
1.5	Start-up meeting in Kyiv with COP, Deloitte HQ Project Management (PM), and partners	Meeting held	Done	

No.	Activity	Output	Progress (planned vs. actual) [1]	Comments about progress and plan for next Quarter
1.6	Project start-up briefing with USAID	Validated priorities, rules of the road, roles and responsibilities, expectations, POCs	Done: Kickoff meeting with USAID held Oct 30th, 2013. Validated priorities, rules of the road, roles and responsibilities, expectations, and POCs.	
1.7	Branding and Marking plan development	B&M plan developed and submitted to USAID	Branding Strategy submitted to USAID Regional Mission for Ukraine by agreement deadline. Final approval received including the new project name "HIV Reform in Action"	
1.8	Secure office space and make operational	Office space secured and operational, with leases signed	Signed office space lease in November after extensive market research and price negotiation. Office is fully equipped and operational in December.	Additional procurements and equipment installation continues as project operations enfold. Office fully operational
1.9	All personnel hiring	All personnel hired and deployed	During the quarter, positions as Capacity Building and M&E expert hired. IT Portal Advisor identified and in process of hiring. Identification of Communications Manager, Finance/Operations Manager and Health Policy Advisor ongoing	STTA planning continuous and ongoing
1.10	Work planning sessions with partners and key stakeholders	Defined work plan, PMEP and Log-frame submitted to USAID	Work-planning sessions held with key stakeholders, including among others; Ministry of Health, State Services, UCDC, relevant NGOs, partner projects and key UN stakeholders such as World Bank and UNAIDS as presented in Annex 1: Meetings. Resulting Work-plan developed and submitted to USAID by December 23rd 2013 PMEP updated including PEPFAR MER indicators and re-submitted to USAID for approval by March 31st 2014	Planning and consultation sessions continuously in dialogue with counterparts throughout project
1.11	Sub-awards with partner organizations	Fully executed sub-award agreements	Done: Executed Sub-awards with primary implementing partners IRD and Deloitte Ukraine.	
1.12	Implementation plan and PMEP development	Implementation plan and PMEP submitted to USAID	First submission done: submitted to USAID by Dec 23rd 2013	Revised documents to be submitted April 18
1.13	Operations and support staff deployment	Staff hired and deployed	Done: Hired Grants and Subcontracts Assistance Manager and Administrative Assistance in October 2013	
1.14	Project Operating Manuals prepared	Deployment Guide, Local Compensation Plan, Procurement Plan and Field Office Financial Management Guide	Done: Developed and completed HIV Reform in Action operating manual including a Deployment Guide, Local Compensation Plan, Procurement Manual and a Local Staff Personnel Manual	
1.15	Project document repository and filing system established	Online document repository and filing system established and operational	Project document repository and filing system established	
1.16	Project staff trained on FCPA and compliance	Orientation on FCPA to all project staff delivered	Done: Completed Dec 19th 2013	

No.	Activity	Output	Progress (planned vs. actual) [1]	Comments about progress and plan for next Quarter
2. Program Management				
2.A Project Reporting				
2.A.1	COP and DCOP participate in regular USAID meetings	Meeting minutes	Routine established. Ongoing contd.	
2.A.2	Work plan and PMEP implementation	Program outputs and deliverables	PMEP updated in response to USAID questions and requests. PMEP based baseline assessment report submitted along with QR-2	
2.A.3	Quarterly program review meetings with USAID	Meeting minutes	Monthly progress review meetings established with AOR, into which QR-2 program review is compatible as regular review meeting format	
2.A.4	2nd Annual Implementation Plan development	2nd Annual Implementation Plan Developed and submitted to USAID	TBD - Due by July 30, 2014	
2.A.5	Monthly Activity Schedule development	Monthly activity schedule developed and submitted to USAID by the 25th of each month	Routine established, delayed first submission – but developed and delivered for January 2014	
2.A.6	Quarterly Progress Report development	Quarterly progress report developed and submitted to USAID	Quarterly Accruals for Oct – Dec 2013 submitted to USAID by agreement deadline of Dec. 15th. AOR confirmed acceptance of accruals.	
2.A.7	Annual Progress Report development	Annual Progress Report developed and submitted to USAID	Due by September 15, 2014.	
2.A.8	PEPFAR Semi-annual report development	PEPFAR report developed and submitted to USAID on May1 and October 31	Preparations ongoing and PEPFAR MER indicators included in PMEP, and final PMEP submitted to USAID April 09 2014	
2.A.9	Establishment of the Letter of Credit with USAID	LOC developed and formal submission to USAID prepared	Done	
2.B Quality and Compliance				
2.B.1	Regular weekly calls with HQ on operations	Call between Ops Manager, Engagement Coordinator and Project Manager held regularly	Done / Routine established. Ongoing acc. plan	
2.B.2	Regular weekly calls with HQ on programmatic matters	Call between COP, Project Manager and technical advisor held regularly	Done / Routine established. Ongoing acc. to plan	
2.B.3	Quarterly program reviews	Quarterly program reviews conducted by Project Manager and Engagement Director	Ongoing established routine	
2.C M&E				

No.	Activity	Output	Progress (planned vs. actual) [1]	Comments about progress and plan for next Quarter
2.C.1	Conduct PMEP review meeting with USAID	Workshop	Done: Conducted in parallel with review of work-plan development together with AOR	
2.C.2	Conduct M&E Workshop for project team	Workshop	TBD	TBD once PMEP finally approved by USAID
2.C.3	Complete Baseline Assessment Report	Baseline assessment report completed	PMEP updated including PEPFAR MER indicators and baseline data and submitted to USAID for approval	
2.C.4	Benchmark of key financing indicators, and budgeting/planning capacities, including MARPs and gender-specific indicators	Baseline framework defined		
		Data collection plan defined		
		Data collected		

3. Cross-Cutting Activities

No.	Activity	Output	Progress (planned vs. actual) [1]	Comments about progress and plan for next Quarter
3.1	Establish MOU and SOW for collaboration with Ministry of Health (MOH)	MOU and SOW with MOH outlining HIV Reform in Action support to MOH	MOU and SOW developed for collaboration with Ministry of Health (MOH) as Beneficiary and Recipient.	MOU signing, and active participation of HIV Reform in Action team in MOH WG
3.2	Establish a Project Policy Steering advisory Committee chaired by deputy Minister of Health	Project Policy Steering Advisory Committee appointed and operational, meeting once per quarter	Project Policy Steering Advisory Committee incorporated in SOW and MoU for the Ministry of Health based on discussions with deputy Minister of Health R Bogachev.	
3.3	Establish collaboration with State Services, under leadership of MOH	MOU and SOW with State Services	Done: Documents prepared for signing with MOH and State Services as Recipient and Beneficiary. Phrasing of MOUs has been aligned with requirements of USAID, Deloitte legal department and Ministry of Economy demands By April 9th, MOU document with State Services has been signed and ready for submission to USAID along with accompanying documents needed to start registration with Min Economy.	In line with plans for engagement with the State Services for provision of TA, the Project has enrolled key staff with priority Working groups managed by the State services, and staff in actively engaged during the life of project. Official Letter from the Project submitted for enrolment. During the period of March, an additional working group has been launched for the preparation of a joint TB-HIV application to be submitted to Global Fund, and for preparation of NAP 2015. See Annex 2. Working Groups.
		HIV Reform in Action contribution to selected (MOH approved) Working groups under State services		
3.4	Establish collaboration with UCDC, under leadership of MOH	MOU and SOW with UCDC	MOH and SOW for collaboration with UCDC as Recipient. Status: preparations ongoing	Development of MOU with UCDC
		HIV Reform in Action contribution to selected (MOH approved) Working groups under UCDC		Initiation of active collaborative activities matching MOU-SOW
3.5	Gender and stigma sensitization through Speaker series and Training for Managers, decision-makers and professionals with	Increased capacity for programming, decision-making and resourcing without risk for barriers due to stigma and gender related discrimination	Preparation and planning started Speaker series first round delivered in Lviv, Wednesday April 2nd-3rd, at conference arranged by Lviv Oblast administration on the topic of integrated care, HIV-integrated services and role of primary care. Covered issues also included the	Speaker Series delivery with Core principles for HIV response built on sustainable integrated model of delivery, gender- and stigma sensitization advocacy and training for managers, decision-makers and professionals

No.	Activity	Output	Progress (planned vs. actual) [1]	Comments about progress and plan for next Quarter
	emphasis on oblast level (target and bring Oblast administrators and managers on board with a modern mind-set, informing and motivating them to understand the role of MARPs and confront their own attitudes to turn around and understand why they need investments in combating HIV/AIDS as a central priority)		issue of client-friendly primary care operations, elimination of stigma and discrimination and promotion of equitable access. A Concept paper has been developed for Speaker series, on contents, methodology, target audience and delivery modalities. Preparation and planning started. Cost-effective options for local response to the epidemic at regional level across Ukraine along with gender, stigma, and discrimination-alleviation defined as contextual format of the Speaker Series. Roll-out adaptation takes place through a mechanism of feed-back from actual interaction with target groups aligned with project's oblast engagement. The Concept of the Speaker Series was developed and elaborated after discussions; topics, target audiences and speakers preliminarily identified to be finalized after coordinating and aligning the Speaker Series Concept with local partners for most effect.	TBD during roll-out engaging with oblasts during Q3-Q4 2014 TOR-SOW to be validated and further developed from feed-back during delivery with Oblast administrators and managers to build a modern mind-set, motivation and understand of the shared needs of MARPs and the wider community in combating HIV/AIDS. Planning this activity has started, delivery of "test messages" have been tried in Lviv and will be brought back to further develop the messages and topics through Q3-Q4 2014.
3.A Communications and Knowledge Management				
3.A.1	Project Communications plan development	Communication Plan deployed	Communication Plan in the process of drafting and development	Communication Plan in the process of drafting, to be deployed in 2014
3.A.2	Create and deploy online knowledge management portal, and prepare for integration with the web-portal of a national Ukraine counterpart	Defined portal specifications based on KM needs, information needs, PMEP	SOW being drafted along with development of strategy; Matching Web-portal design and deployment pending recruitment of an IT specialist scheduled for project Q2	Plan for creation of online knowledge management portal, with consideration of integration with which existing Internet platform of available national Ukraine counterpart such as State Services.
		Portal built and programmed		Recruitment of IT specialist in progress
		Evidence and data available through portal		Institutional base decision
		Consultations and Q&A available through portal		Plan for STTA input if needed in addition to in-house IT specialist to be engaged
		Portal advertised throughout Ukraine		
		Establish SOW for local entity full take-over of ownership		

No.	Activity	Output	Progress (planned vs. actual) [1]	Comments about progress and plan for next Quarter
3.A.3	Develop data dashboard for policy, program decisions, and HIV - AIDS legal framework requirements - creating presentation design formats - and test	Task definitions specified for dashboard tool through discussions with intended users and based on promising approaches for information/data presentation.	Dashboard format design in progress alongside the work on web-portal; STTA scheduled for April to join the project team in Kiev to assist in design of TOR/SOW for web-portal and Dashboard	Task specifications for Dashboard started with technical discussion with potential users. User-needs assessment incorporated in oblast – engagement and roll-out activities Data identification for the dashboard covering information-domains on policy, program progress, HIV - AIDS policy implementation tracking
		Dashboard platform developed, populated and tested		Plan for STTA input. Technical task definitions to be drafted in a TOR with specifications for a Dashboard.
		Dashboard finalized based on testing and feedback		
3. B Oblast Implementation				
3.B.1	Regional and Oblast implementation framework established	Development of selection criteria for pilot oblast selection	Selection and roll-out strategy for oblast has been revised in the wake of turbulent political events, with Crimea now excluded from the list. Luhansk and Donetsk.	Although the list of pilot oblasts has been discussed with and approved by USAID, recent political developments in the South East of Ukraine, it may still be subject to change. Ultimately the Project will have the selection process completed based on the sound mix of utilized criteria and core principles of safety and feasibility.
		Decision matrix developed and made available for comment by stakeholders	Criteria for selection of oblasts do however remain the same with attention to linkage with the World Bank regional health reform program, prevalence of HIV and existence of forms and models of integrated care solutions which can serve as test-ground for integration of HIV services. An updated oblast selection matrix is presented in Annex 3. Considering political events and above listed factors, current list of selected oblasts are: Lviv, Mykolaev, Lugansk,Dnipropetrovsk and Kherson oblasts. In addition, the project intend to connect with PHC-based piloting work undertaken in Chernihiv, in the frame of the USAID funded Health Finance and Governance Project: (HFG) Ukraine Chernigiv Pilot Program	
		Select proposed oblasts against selection criteria Short list of oblasts developed	The project's first inception mission went to Lviv Oblast with the purpose to establish relationship with local government, discuss possibilities for collaboration and meet potential partners during the period April 1-2. The Project met with the Governor, key health officials and shared draft MoU. After MOU is signed, Project will proceed with practical steps of project implementation in Lviv Oblast, one being identifying local POCs for	

No.	Activity	Output	Progress (planned vs. actual) [1]	Comments about progress and plan for next Quarter
			which draft SOW for Regional Coordinator will be circulated. The next inception mission will be to Mykolayiv, scheduled to take place last week of April. Primary objectives and agenda will be similar to Lviv, however it is expected that the agenda will be extended to fact-finding about the local experience in integrating services into family medicine practices with existing supporting facility IT systems already in place.	
3.B.2	Establish Oblast network	Oblast representatives identified along with key stakeholders, contacts and collaboration agreements MOUs set-up	Engagement with Lviv oblast has started, with project team spending three days in Lviv oblast, meeting with oblast Governor's office, Health Administration, Municipal administration, HIV Center and representatives for HIV-TB Coordination council, NGO and teaching institutions. Further oblast outreach planned for Q3-Q4, conditional upon political stability Full roll-out with oblast engagement will be gradual and aligned with security considerations. Collaboration with at least two oblasts is planned to be established in April with two more oblasts joining the project in May and June respectively. Following the initial contact to ensure the openness for collaboration and feasibility of planned activities, MoUs will be elaborated and signed, Regional Coordinators selected and starting to provide support to the regional project Implementation.	Visit to several short listed oblasts for meeting local administrations to ensure readiness for collaboration, finalization of the list of oblasts, drafting MOU for entering into collaboration with each oblast, identifying POCs
3.C Comprehensive Institutionalization plan – Using Grants to strengthen TA Capabilities				
3.C.1	Adapt Deloitte's Grants Manual to Ukraine context and HIV Reform in Action SOW	Grants manual ready for use after USAID no-objection agreement	Adaptation of Deloitte's Grants Manual to Ukraine context and HIV Reform in Action needs is completed. Translation of Grants Manual to Ukrainian started	The Grants manual has been adapted to the HSS SHAREe project needs. Specific Project Grants Program Guide has been developed as part of the Grants Manual. The AOR had advised that no submission of the Grants Manual is required and the project team can proceed with the grants. Update of the Grants Program may be performed in Q4 as part of the Y2 Work planning process.

No.	Activity	Output	Progress (planned vs. actual) [1]	Comments about progress and plan for next Quarter
				Process of adaptation carried out to be submitted early April in debriefing/consultation with USAID AOR
3.C.2	Prepare comprehensive Grants proposal, advertising and competitive application process	Prepare advertisement including assessment of possible integration with partners such as Pact's Marketplace web gate, or alternative advertising venue	The first Grant's Proposal solicitation is completed – Public Financing under Objective 2. Other grants are under development and will be announced in Q3 and Q4.	Based on the Project Grants Program, Grants options were discussed and PF grants solicitation is prepared to be announced. Additional grants will be announced in Q3-4.
		Develop draft Grants list of options and submit to USAID for consultation and approval	During the month of March, STTA Mariela Tsvetkovska has worked in Kiev alongside with the project team with development of a Grants program,. A draft list of Grants options has been prepared and is ready to be submitted to USAID/AOR for consultation and approval Detailed report from this consultancy and its outcome presented in Annex 4. Following Activities will be rolled out gradually during the life of the project	Grants Program with possible grants is developed. The AOR advised that there is no need to submit for approval. The grants list may be updated as needed.
3.C.3	Develop eligibility criteria and capacity building program for grant recipients	Develop training to meet eligibility criteria, for CSOs and GOU in preparation for Grant applications	Eligibility criteria have been developed for Health Finance Grants, as reported in further detail in Annex 4.	
		Recommendations for a CME-CPD training package, qualifying for credits under the CME-CPD system		
		SOW for web-based seminar series (webinars) formulated and curriculum developed	Planning of Web-based seminars to be addressed alongside Communications Portal and Grant recipient/candidate training.	
		Seminar contents, materials and delivery modality designed, developed, produced	Activity planned for project Q2- Q4	

OBJECTIVE 1: NATIONAL LEADERSHIP STRENGTHENED TO INTEGRATE GENDER-SENSITIVE AND EVIDENCE-BASED HIV/AIDS SERVICES INTO POLICY AND PROGRAM IMPLEMENTATION, PROVIDING THE BASIS FOR AN EFFECTIVE AND EFFICIENT INTEGRATED HEALTH SYSTEM WITHIN THE HEALTHCARE REFORM CONTEXT GLOBAL FUND PHSE-OUT

A Work-plan/Implementation-plan and PMEP documents have been developed, submitted to USAID. The Workplan has been approved, while a final PMEP was submitted on the 9th of April including PEPFAR MER indicators. Format of QR-2 match the Workplan and refers to indicators in submitted PMEP.

O1.	*Objective 1:* *National leadership is strengthened to integrate gender-sensitive and evidence-based HIV/AIDS services into policy and program implementation, providing the basis for an effective and efficient integrated health system within the healthcare reform context and anticipated Global Fund phase-out*
O1.SO.1	*Sub-objective, Linkage to objective and Purpose, Targets and Milestones*
	Sub-objective 1.1: National and Regional leadership decisions on HIV-investments and integrated HIV/AIDS services in combination with social contracting (NGOs policies) are based on evidence and optimized delivery modalities with gender and stigma reflected in policy and implementation after Global Fund phase out.
	Linkage to Objectives and Project Purpose: Building the evidence-base for integrated HIV/AIDS services and HIV-investments is a critical building block to enabling leadership development. Building evidence is also critical for amending the financing, budgeting and HRH management issues facing Ukraine. Evidence that is generated through the project will contribute to all three Objectives and enable stronger decision-making in policy, financing and HR issues. The support provided by the project will help to formulate an integration strategy for service delivery at the oblast level, which is a critical milestone of demonstrating leadership.
	Targets and Milestones: *Target Indicators:* Number of regulatory documents for which the HIV Reform in Action project provides evidence-based recommendations during development or revision *(Cumulative);* Draft regulation for licensing of entities for HIV service delivery drafted and/or revised as necessary, presented and approved; Number of desk study recommendations provided by the HIV Reform in Action project to MOH and State Service to be incorporated into regulatory documents, law revisions, guidelines and prekases; Percent and dollar value of funds spent for priority services targeting MARPs from the state/local budget out of the total HIV-related expenditures from the state/local budget in priority oblasts *Obj 1 Year 1 Milestones:* Speaker series for evidence sharing initiated by month 8 (yes/no); Change agents identified by month 8 (yes/no)

	Activity	Output	Progress (planned vs. actual: color code)[2]:	Comments about progress and plan for next Quarter
O1.SO1.1	Provide TA support to MOH WG, UNAIDS Technical Advisory Group and Inter-sectorial round-table collaboration matching HIV REFORM IN ACTION SOW / TOR	Defined Scope of Work for HIV Reform in Action project support to working groups in collaboration with MOH and partner stakeholders	HIV Reform in Action team enrolled with MOH Working group under leadership of deputy Minister Bogachev, addressing integration and restructuring of HIV services. The working group operated on weekly basis each Wednesdays 11am-1pm, and the team contributed to develop a TOR for the WG task. The project team assisted MOH to develop an agenda for involvement of an inter-ministerial inter-sectorial round table for the purpose to achieve wide cooperation for optimization and restructuring of HIV services in (i) PHC level (ii) Referral level	The working group stopped work as a consequence of political events. Further development of the WG has shifted to Working group under leadership of State Services with project team TA support contribution to the revision of NAP 2015 and development of concept and application for next Global Fund
		Technical assistance to Working Groups and roundtable, aligned to MOH policy priorities in areas such as: Assistance to MOH follow-up execution under regional Operational Plan roll-out, (ii) Cost-efficacy in implementation of Oblast operational plans, (iii) options for service integration (primary, secondary and tertiary level, (iv) TA on service package priorities, (v); TA on cost-effective service-delivery modalities	Participation of the project team started in Q1 with working groups under MOH, working groups under State Services, and with involvement of HIV Reform in Action team with scope of work in preparation for GF requirements (sustainability plan, investment case) in close collaboration with UNAIDS. While preparations have been initiated in Q1, actual work starts Q2	Several WG activities were suspended because of the MOH leadership resignation Project staff members have been enrolled and nominated as members to the new State Service WG on the development of the sustainability strategy after the GF phase-out Project team participate and contribute to consultations on improved HIV screening, treatment and prevention services for PWID (UNAIDS) as a WG member Project team members have been nominated and enrolled for participation in the WG on legislation, treatment, C&T. Project team members participation in the Consultation and contribution to the WG on the improvement of C&T legislation chaired by I. Myroniuk (WG proposals to UNAIDS). Start of work has begun ahead of plan, which according to Workplan was set to begin in Q2, according to the work-plan
O1.SO1.2	Provide direct and interim TA support to National/Oblast Coordination Council on HIV, TB and other infectious diseases	Established collaborative interface with MOH-allied ministries such as but not limited to: MoF, MinSocial works, MinEducation, Min Interior and Penitentiary System State Services.	During inception/engagement mission to Lviv Oblast, the project team has met with Lviv oblast coordination council, as well as with oblast administration and	Planning technical and expert assistance for the State Service WG Further engagement with oblast coordination councils as a key point in roll-out of oblast work, according to work-plan

	via MoH, SS and oblast administrations		oblast HIV Center, initiated discussions about collaboration MOU. Through partnership with State Services for Socially Dangerous diseases, established collaboration with National Coordination council, directly support by means of contributing TA to working group on NAP2015 revision and TA support to development of GF application	Gradual establishment of collaborative interface with key Ministerial partners planned Q2-Q4
O1.SO1.3	Meet data/evidence needs in support to HIV strategy implementation and oblast operational plans in areas such as: ARV, MAT, provider-initiated screening and counselling and Prevention through cost-effective service integration	Analysis on problems and barriers against optimal use and scale up VCT, provider initiated screening and counseling, ART and MAT vs GF phase out.	Project team members enrolled formally to participate in the Consultation on improved HIV screening, treatment and prevention services for PWID (UNAIDS) Practical contribution planned to start Q2 – also linking TA collaboration work to GF requirements	Analysis of status of organization, policy framework of HIV-related C&T, availability of guidelines, standards, orders regulating the provision of services along the patient's route. Plan for study of efficiency of C&T in different facility levels – government and non-governmental – as preparation for recommending models of integration of C&T services in PHC. According to the work-plan
		Service integration alternatives scoping, in consideration of prior/current research such as LSHTM / Sedona Sweeny et al	In reply to comment from AOR, the SOW for this work takes into account recent UNAIDS-contracted study: "Impact of Integrating HIV/AIDS Services with Other Health Services on Costs and Efficiency: A review of Current Evidence and Experience", by LSHTM/ Sedona Sweeny, Carol Dayo Obure and Anna Vassall (report of October 31, 2011). Work has started by analysis of experience with practical integration models and experiences, in perspective of results and recommendations from Sweeney et al. and international experience from other countries adjusting HIV delivery to reform of a Semashko model Study also extract experience from practices of integration of HIV services at PHC level in Chernihiv region (Abt); and Zakarpattia region (WHO, Clinton Foundation); Analyze policy framework regulating the health reform, SLA, identify challenges of integration of HIV services at PHC level 3. Health reform in Ukraine (HCFs, functions, financing, etc. of each level, policy framework) Finalize integration concept paper.	Based on analysis of experience and policy framework regulating the health reform, the team will engage key stakeholders in a round table to define SLA, identify practical goals for integration of defined priority HIV services at PHC level and from this consensus devise a model PHC concept as base for oblast-piloting and service costing. This Model PHC integration will also consider the GF request for integration of HIV-TB and link with what is feasible in terms of collaboration with World Bank financed regional Health reform program in Ukraine (HCFs, functions, financing, etc. of each level, policy framework). Oblast pilots will be designed, and data collection for result and impact-analysis tailored to answer key questions on cost-efficacy- and quality-improvement possibilities from this service-integration Design of TOR for pilots planned Q4, according to the work-plan
		Cost-efficacy analysis methodology options for integrated services in (i) secondary-tertiary level (regional and capital urban) and (ii) Primary care level		

		Prioritization of medical and social service packages based on EBM and C/E balance in view of resource frame post-GF phase-out	Work with analysis and prioritization of medical and social services has started as planned during Q2. Contacts have been taken with project respond to collaborate around the 30 services which Respond is analyzing by level of evidence-base.(*Project RESPOND has considered more than 100 HIV services (BUT NOT Packages) and for 30 of them they did a more detailed analysis of a level of EB*). Our project, HIV Reform in Action, is in the process of extracting this information and data on what is delivered from facilities and from NGO's contracted under GF funding. This is needed since the delivery of services has been widely individual. To prioritize services from evidence-base does not only concern generic selection of type of service, but must also include definition of gaps between international documentation of the needed quantitative intensity of delivery, required to achieve a defined impact. The project has learned that it will be needed to ask USAID, Global Find and HIV Coordination Council issue a letter authorizing our project to ask GF principal recipients and sub-recipients to give access and share this data.	The Project is compiling information from services as delivered and analyze what has been delivered set against defined requirements from key practice norms, such as defined by UNAIDS, CDC USA, and WHO recommendations and Cochrane analysis conclusions on what need be defined as prioritized medical and prevention services, This work also employs WHO recommendations for indicators of service coverage (2012) (WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision. – 2013). This work also provides direct input TA to Working Groups under State Services, and formal participation in the sustainability WG established by the Alliance (Anastasia, Zhanna). Progress follows timeline according to the work-plan
O1.SO1.4	Prepare options for an integrated reporting system based on principles of what system solutions operate successfully and reliably in other countries' healthcare data collection systems, along with "best practice" adapted to feasible in the Ukranian present situation. Methodology also addressing compa-tibility gaps between NGO-data flow and GoU healthcare system's data reporting. TBD in coordination with partners such as	Proposed case-data coding, recording, collection , unification and reporting standardization for enhanced reliability and utilization in facility self-audit and Monitoring, planning, budgeting	Preliminary steps have been taken, analyzing configuration of existing software solutions, which can be engaged within the project oblast pilots for this purpose. A Grant area has been formulated to assist project move forward with this task.	An STTA effort needed during coming Q3-4 to map existing feasible options
		Application of software tools, such as iHTP and EPI INFO for HIV AIDS Epi analysis and resource-allocation modelling	The iHTP program software has been set up in computer stations in the project office, but further work with this software application for analysis and modelling of resource allocation is be timed later in the life of the project. The application of iHTP will serve to bridge between range of HIV services to be provided, skills needed and needed HR planning	Project efforts to coordinate with strategy of the information development of the NTHC and "HIV in Ukraine" information system concept (WG on the preparation of the electronic registry of PLHIV) HIV-related recording and reporting forms are analyzed. CD4 count and HIV load recording gaps have been identified, and recommendations prepared by project as TA support to SS.
		Options assessed and recommended provided for software and unified data harvest mechanism from routine health facility case-reporting ICD10 (recommended by WHO).	A Grants program area has been formulated to the purpose to engage IT solutions to harvest routine facility data (for costing, result recording during pilots etc). Preceding this grant, an STTA effort is needed for mapping existing options.	

	SIAPS and ACCESS projects.		
		Proposed case-data coding, recording, collection , unification and reporting standardization for enhanced reliability and utilization in facility self-audit and Monitoring, planning, budgeting	In collaboration with pilot of PHC integration of HIV Services into primary care, role of monitoring as base for quality assurance has been discussed with partner project operated by Abt. Possibilities to collaborate on a joint effort also links with our project task quality standards for HIV services. Timing ahead in time, according to work-plan.	
O1.SO1.5	Prepare and establish access to evidence-based medical resources, such as the world-wide Cochrane Centre network for HIV/AIDS, at an institutional home within the MOH or other appropriate stakeholder (TBD in collaboration with other relevant partners such as RESPOND Project)	Recommendations for collaborative arrangement between HIV Reform in Action, relevant MOH agency and/or institutional partner as platform for Evidence-based excellence such as Cochrane, NICE	A Grant theme has been formulated as part of the proposed Grants package for with the aim to enable engagement with a suitable grantee/partner organization for set-up of the Cochrane worldwide network for evidence data.	Investigation of institutional platforms and facilities which could host national Cochrane Center and web portal (National Medical Library and Medical training site) started, to be done during Q3
		Operational link between at least one EBM Center of Excellence such as Cochrane and the HIV Reform in Action Communication Portal		
O1.SO1.6	Explore options based on international best practice for social marketing, peer role model projections, and public and service provider attitudes to address stigma and discrimination in the Ukrainian context	Speaker series aka communication-motivation campaign based in Evidence and matched to recipient target group analysis	A draft concept paper has been developed with core messages; delivery modalities and identification of target audience, based on evidence and international best practice. Speaker series designed as a core function of project engagement with oblasts during roll-out and oblast inception activities. First round of Speaker series launched during first oblast engagement with Lviv oblast, targeting family medicine professionals and oblast administration officials.	Preliminary experience from Lviv oblast engagement, used as feed-back for further development and refinement of the Speaker series format and contents, before returning to Lviv and before planning engagement with next pilot oblast for the project.

	(including possible collaboration with media, NGOs, and other USAID support projects such as RESPECT and RESPOND).	Action plan for media- and/or change agents program addressing stigma, gender, marginalization misconceptions and; campaign delivery	Planned to continue aligned with oblast-engagement process, focus group discussions and workshops with key stakeholders in oblasts, from which to develop a final concept and preliminary agenda for "Speaker series" during Q3-4 with "Speaker series" audience research and with design of target group mind-shifting motivational social marketing strategy and communication effort design	To be continued, according to the work-plan
O1.SO2	*Sub-objective, Linkage to objective and Purpose, Targets and Milestones*			
	Sub-objective 1.2:			
	An enabling environment is created for new solutions of integrated HIV/AIDS services into PHC with optimized delivery of prevention and services for MARPs in combination with social contracting (NGOs) and licensing			
	Linkage to Objectives and Project Purpose:			
	HIV Reform in Action presents a great opportunity to facilitate change within Ukraine on critical HIV/AIDS services, particularly for MARPs. To allow for change to policy, financing and HR, an enabling environment through removing legal barriers, resource utilization, contracting, reporting requirements, and PPP, among others, is vital, so that services can be optimized.			
	Targets and Milestones:			
	Draft regulation for licensing of entities for HIV service delivery drafted and/or revised as necessary, presented and approved ;			
	Development and approval of prioritized service package SLA			
#	**Activity**	**Output**	**Progress (planned vs actual)**	**Comments about progress and plan for next Quarter**
O1.SO2.1	Assist MOH to draft concept for HIV-integrated service delivery, with a focus on PHC level integration (SLA and integrated service delivery quality assurance mechanisms). This will be done in coordination with key stakeholders such as	Recommendations on rational use of human and equipment resources for procedures under variable projected volumes of service-output, matching defined service-package SLA as defined in facility- or entity licenses	Work has started closely coordinated with work under Objective 3 (O3.SO1.1 and UCDC vision), analyzing Human resource needs-benchmarks from WHO, WB and UNAIDS against (i) current configuration of the Ukraine healthcare system – and against (ii) plans for service-integration of key services in PHC level. Analysis of resource shifting is also based on the results from ongoing work to define the PHC integration concept that the project will work with for piloting and costing services (see the project work underway to define the integration priority concept; O1.SO1.3. Here the project summarizes current and past experience from previous work with integration,	Work integrated with work under Objective 3, fact-finding from field assessments and data capture ongoing Q3-4, also assessing necessary skills-building investments, such as CME and retraining investments, based on experience from HFG Abt project and experience from retraining Family doctors VCT skills in Lviv oblast

	RESPOND project, GF PRs, and others.		building on lessons learned across Ukraine, before designing our pilot approach.)	
		Review presented with recommendations for needed updating of legislation and/or legal norms and guidelines for screening, case-identification, reporting, case-management and care of pts with socially dangerous diseases – from perspective of MOH regulatory position, service-provider compliance requirements, patient human rights and responsibilities, and oversight inspection, supervision and monitoring.	Objective 1 team has started the analytical work and continues the development of a draft concept paper on priority options for integration of priority HIV services at PHC level. Review to be presented year 2 according to the plan	Fact finding and feasibility estimates to be harvested from collaboration with pilot oblasts and key oblast stakeholders, as started in Lviv.
O1.SO2.2	Facilitate regional /oblast level Integration policy-strategy formulation through TA support to MOH and Oblast planners and decision-makers	Service Level Allocation (SLA) draft prepared as base for the facility- and service-delivery restructuring and PHC integration to prepare for transition and post-GFATM GoU take-over of funding	Criteria for defining priority services for integration defined by reviewing level of evidence for impact (i) against epidemic and/or impact (ii) against disease progression and (iii) cost efficiency.	The project team has been asked to provide TA to the NAP 2015 revision where recommendations will be provided in the format of WG under State Services during Q3. The issue of Cost efficiency based recommendations requires costing. This requires set-up of appropriate procedures at well-defined sampling sites which the project has planned along with engagement with facility networks at oblast level during coming 2 years.
		SLA based benchmarking of HIV - AIDS services and allied integrated services developed		
O1.SO2.3	Review executive regulatory mechanism of licensing as tool for MOH sector control and oversight (Supervision and licensing compliance), with special attention to the role of MOH in controlling service-delivery (for profit, or non-for profit NGOs) or public, or Private-public-partnership contract-driven	Desk study with recommendations for MOH on eligibility criteria for licensing for health services, including HIV/AIDS for governmental, Non-governmental and Private for profit or not-for-profit providers (including NGOs) umbrella of MOH	Initial plan drafted for necessary legal analysis, that need to be conducted by STTA	
		Recommendations for supervision and monitoring of compliance to MOH regulatory controls in delivering HIV-AIDS service by NGOs, or other service	The issue of supervision and monitoring of compliance to regulatory controls, also discussed with USAID funded partner project HFG in Chernihiv. Possibility of collaborative efforts explored. Collaborative discussions with partner project, piloting VCT at PHC level in Chernihiv to continue, addressing both costing approach to	

			generate comparable results, and the issue of supervision and monitoring support to PHC level.
service delivery after GFATM phase-out	providers regardless of funding source(s) also covering service delivery through financing means of PPP r external financing - all under MH Regulatory control		Continues as planned in workplan.
	Manual on performance- and license-frame based supervision and monitoring of healthcare facilities, including facilities providing PHC integrated HIV-AIDS services, regardless of funding source (public, private for profit, or non-for profit NGO)		

	Sub-objective, Linkage to objective and Purpose, Targets and Milestones
O1.SO3	**Sub-objective 1.3:** Integrated HIV-services are scaled up through policy dialogue, knowledge management and communication strategy in support of funding and integrated services to MARPS including gender and stigma alleviation
	Linkage to Objectives and Project Purpose*:* Encouraging integration of services for MARPs, as well as facilitating the GFATM phase-out, will require coordination and collaboration at all levels of the system. Sharing data and experiences, as well as influencing change through peer-to-peer interactions, will allow lessons learned to flow more freely and accelerate the rate of change.
	Targets and Milestones: Number of communications portal visits Obj 1 (SO3.1) Year 1 Milestones: Change agents identified by month 8 (yes/no)

#	Activity	Output	Progress (planned vs. actual)	Comments about progress and plan for next Quarters
O1.SO3.1	Develop clear objectives and working procedures for Change Agent and Champion program in consultation with MOH and Oblast level other stakeholders	TOR for Change Agents (incl. Obj 1 2, and 3 in TOR)		
		Identify Change Agents to address Stigma, Gender and Discrimination alleviation in the medical educational system (undergraduate students at medical schools; family-medicine and specialist training; and CME): to address and facilitate service delivery reorganization in oblast level	Terms of reference for Oblast coordinators includes working procedures for collaboration with Change Agents and Champions at oblast level. This is also defined within the Concept paper about Speaker series and as a core consideration in Objective 3 (CME needs assessment and curriculum revision). Objectives and procedures for engaging Change agents and champions also integrated into MOU with	Further development coordinated oblast engagement roll-out, including Lviv oblast

#	Activity	Output	Progress (planned vs. actual)	Comments about progress and plan for next quarter
		integration of primary, secondary and tertiary level service provision (linked to Obj 1,2 3)	Oblast, which is in ongoing discussion with oblast administration and health authorities in Lviv oblast.	
O1.SO3.2	Engage and utilize Change Agents to support roll-out of Oblast Operational Plans as independent operators in analyzing impact. Collaborate with NGOs and Social sector stakeholders to track and monitor NAP service package delivery.	Independent assessment plans for National and Regional levels implementation of operation plans in 5 priority oblasts		
O1.SO3.3	Design, develop and align with changes Knowledge management and communication strategy to promote policy dialogue and evidence based data driven decision making	GOU officials and oblast level stakeholders reached with key information and messages	Planned TBD for Q-3 as core task for Communication specialist	

	Sub-objective, Linkage to objective and Purpose, Targets and Milestones
O1.SO4	*Sub-objective 1.4:* Leadership and regional capacity is strengthened to manage changes and develop and implement operational plans that include a GFATM transition strategy in which the GOU will take over GFATM funding responsibilities furthering long-term sustainability in service delivery.
	Linkage to Objectives and Project Purpose: Building evidence and creating an enabling environment with collaboration will not effect change automatically. Capacity is needed to facilitate the change management process, so that change can be operationalized for GOU-ownership of HIV/AIDS funding and delivery of integrated services. For example, a NGO or media channel for 'positive attitude campaigning' will help mobilize stakeholders to become more engaged as change agents. Enabling a regulatory framework for cost-sharing or PPP will enhance the capacity of institutions to deliver needed HIV/AIDS services after the GFATM phase-out.
	Targets and Milestones: Percent and dollar value of funds spent for priority services targeting MARPs from the state/local budget out of the total HIV-related expenditures from the state/local budget in priority oblasts

#	Activity	Output	Progress (planned vs. actual)	Comments about progress and plan for next quarter

O1.SO4.1	Assist State Service to draft strategy for the delivery of quality services for MARPS and PLWHIV (such as VCT, MAT, ART), after Global Fund phase-out (will be done through WGs and in coordination with RESPOND project, Global Fund Principle Recipients, UNAIDS, WHO, and others)	Based on international and national practices, analysis of policy framework for health reform, HR, finance resources, develop strategy for the delivery of quality services for PLHIV, including MARPs, after GF	Quality concept drafting initiated, following principles of Donabedian's triad, to enable quantifiable measures.	Continue analysis of the policy barriers in terms of the provision of ART and MAT at PHC level, mapping of C&T, ART and MAT service at PHC level in Ukraine, analyze similar activities of other stakeholders. Continues in Q3, according to the work-plan
O1.SO4.2	Provide TA support to managers at National and Oblast level to design and launch data capture and data analysis for follow-up on execution of regional operational plans for roll-out of the NAP in priority oblasts, to provide a base for further planning towards integration of services at primary and secondary-tertiary level in oblasts	Oblast data- collection and implementation-monitoring follow-up monitoring plans drafted	In the frame of the Grants program, a specific NGO grant formulated for project engagement with oblast based NGO as partner in the effort to conduct regional operational plan implementation. See Grants manual draft.	Advertisement of grants planned alongside roll-out of oblast engagement
O1.SO4.3	Develop criteria for at least three pilot sites per selected oblast by triangulation principles to test feasibility of PHC-level integration of essential and prioritized HIV/AIDS services	Three pilot sites at PHC level identified within three months of selecting a pilot oblast		Selection of pilot sites x 3 to be carried out through collaboration with oblast authorities in Lviv after signing Lviv-project MOU. Timing Q3-4
		Pilot results on feasibility and resource requirements for delivery of integrated HIV/AIDS and PHC services including elements such as (i) Concept, (ii) in-practice verified SLA, (iii) resource needs defined per case served in drugs, procedures, human resources, (iv) formula for risk-adjusted	Feasibility analysis pilot is under preparation, as a result of the Integration concept paper. Based on the Integration Concept, a pilot design is defined with clearly formulated measureable endpoints and data capture procedures.	Timing for oblast pilots follows integrated with engagement with pilot oblasts, as outlined in the Work-plan

		capitation in high-middle– and low-prevalence settings, (v) feasibility of case-served-based salary incentives, (vi) requirements and mechanisms for unified integrated (ICD-based) reporting and budgeting mechanisms, (vii) drug supply projection, (viii) supervision and monitoring needs, (ix) facility and equipment upgrading needs, (x) HRH training and skills upgrading needs, (xi) referral and specialist support needs, (xii) IT-support needs to link per case served to patient encounter and record registration, and (xiii) SLA and average per case costs at actual case-load intensity		
O1.SO4.4	Support TA to assist pilot integration facilities to operationalize norms and standards based on Service-Output instead of current input driven standards (Case-based standards in terms of service outcome, procedure compliance, ALOS per ICD or DRG etc.)	Capacity assessment of facilities against new and output-driven service-delivery norms and quality benchmarks and standards	Plans for capacity baseline assessment of pilot sites and oblast partner institutions, to be done alongside with roll-out of oblast engagement.	MMBT and CYPRESS methods available and ready to be applied
		Capacity building plan to fill capacity gaps, with defined service-output performance measurement targets		
O1.SO4.5	Develop a SOW for a feasibility study and PPP model based on desk review based on best practice International experience and from Ukraine experience with PPP in other sectors and in Health	Draft SOW for PPP health sector feasibility desk study, with recommendations for how to link licensing of private providers with incorporated conditions for cost-sharing and/or public contracting for serving a portion of total case-load / case-mix service-outlet for		

		public sector patients (here HIV-AIDS services)		
		Feasibility study initiated		
		Developed recommendations for PPP for the HIV/AIDS service delivery		

OBJECTIVE 2: RESOURCE ALLOCATION AND FINANCING IS IMPROVED AND OPTIMIZED FOR A SUSTAINED, INTEGRATED HIV/AIDS RESPONSE AT THE OBLAST LEVEL TO REFLECT PRIORITY SERVICES WITH ATTENTION TO MARPS, COST-EFFICACY, IMPACT, STATE AND REGIONAL BUDGET REALITIY AND GFATM PHASE-OUT

A Work-plan/Implementation-plan and PMEP documents have been developed, submitted to USAID. The Workplan has been approved, while a final PMEP was submitted on the 9th of April including PEPFAR MER indicators. Format of QR-2 match the Workplan and refers to indicators in submitted PMEP.

O2	*Objective 2:*
	Resource allocation and financing is improved and optimized for sustained, integrated HIV/AIDS response at the oblast level and reflects priority services with attention to MARPs, cost-efficacy, impact, and state and regional budget realities given GFATM phase-out

O.2.SO1	*Sub-objective 2.1:*
	HIV financing goals are defined in line with planned integration, restructuring and optimization/prioritization, and in line with broader health financing and primary healthcare reform emphasizing MARPs and priority oblasts
	Linkage to Objective and Project Purpose:
	Defining health financing goals will enable the GOU to realistically plan for the financing needs for sustainable, integrated HIV/AIDS programs. The project will work within the broader health financing and primary healthcare reform efforts to enable more realistic goals for resource needs and mobilization, given that the objective is for integrated HIV/AIDS services. In addition, the activities within this Sub-objective task are linked to Objective 1, focused on building evidence-base and leadership for informed-decisions.
	Targets and Milestones:
	Target indicators: Percent and dollar value of the actual annual budget allocations for National HIV Plan in the State Budget Law of Ukraine as a portion of the original approved allocation in the National HIV Plan; Strategy for new unified financing of integrated HIV/AIDS services developed and piloted; Proposal prepared and presented to MOH on a risk-adjusted capitation budgeting mechanism and case-based staff incentive scheme for meeting HIV service needs; Percent and dollar value of funds spent for priority services targeting MARPs from the state/local budget out of the total HIV-related expenditures from the state/local budget in priority oblasts Obj 2 Year 1 Milestones: Collaborative partners identified and engaged for health financing efforts, by month 9 (yes/no); Socio-economic evaluation studies identified, reviewed, and consolidated in database by month 12 (yes/no)

#	Activity	Output	Progress (planned vs. actual)	Comments about progress and plan for next quarter
O.2.SO1.1	Review the existing broader health financing strategy and in collaboration with the stakeholders, define HIV financing objectives around resource mobilization, pooling and	Active role on multiple working groups	Discussion has started between various governmental and non-governmental partners, OB2 sector lead has enrolled and is participating in the related WG meetings and events	to be continued throughout Year 1
		Mapping of health financing priorities including MARPs and funding options defined	Part of the Sustainability working group and NAP optimization effort project TA support, including possible task shifting approach	to be continued in the Year 1 and 2

	allocating, purchasing, and resource management focused on the transition	HIV financing strategy recommendations prepared and presented	To start in the Q4 Y1	
O.2.SO1.2	Identify institutions for collaboration for health financing goals/objectives and priorities and establish collaboration	Defined list of collaborative partners	Started with the Health financing grant concept development – Call for Concept papers, potential partners have been identified.	Activity to be finished by the end of Y1
		Defined strategy and action plan(s) for collaboration with each	To be started Q3 instead of as planned, in Q4	Planned with help of a Health Financing grant: selection of the grantee, planning and execution
		Signed MOUs or equivalent documents with collaborative partners		
O.2.SO1.3	Work closely with the oblasts which implement health reform, especially in the primary health care to strengthen financing and budgeting of integrated HIV services	Oblasts selected; Focal points identified		
		Draft collaborative scope of work is defined and agreed in each of the selected oblasts		
O.2.SO1.4	Prioritize data needs at the national and oblast level to develop evidence-based policy and building political will to ensure the continuation of the HIV services after Global Fund phase-out	Review and propose concept of "evidence agenda" for health financing goals	Started as a part of the NAP optimization efforts and Sustainability strategy. GOALS model results as well as Spectrum and AEM projections were obtained and currently are included in the ongoing policy and evidence analysis	Work to continue through Q3-4
		Defined data needs to illustrate evidence	To be started Q3	The project has been requested to provide TA support to the revision of NAP2015 and TA support to cost-optimization in the formulation of next application to GF. To generate cost data in support to such decision-making was however planned by project in the time-frame of GF phase-out 2016. Project team will however make efforts to provide TA, based on available data, but will in this process also need to comply with the core concept of an evidence agenda. For this, it is necessary to maintain realistic plans for time of quality work needed to generate reliable data.
		Defined data gaps, and how to address those		
O.2.SO1.5	Work with oblasts to develop operational plans and later, the next strategic plan for	List of recommendations for the development of the annual operational	To start in Q4 after all oblasts are selected and MoUs signed	

	HIV at the sub-national level	plans in the selected oblasts		
O.2.SO2	**Sub-objective 2.2:** A new budgeting mechanism (risk- and output-adjusted capitation) is developed, based on necessary costing studies of the priority services, enabling the delivery of integrated HIV/AIDS services.			
	Linkage to Objective and Project Purpose: Improving the budget development process and its execution is critical to optimizing resource allocation for HIV/AIDS, enabling more efficient use of financial resources for HIV/AIDS with stronger attention to results.			
	Targets and Milestones: Proposal prepared and presented to MOH on a risk-adjusted capitation budgeting mechanism and case-based staff incentive scheme for meeting HIV service needs; Number of priority oblasts actively formulating budgets for integrated HIV services through application of risk and output adjusted capitation			
#	**Activity**	**Output**	**Progress** (planned vs actual)	**Comments about progress and plan for next quarter**
O.2.SO2.1	Conduct desk review of the available policy tools, data and socio-economic evaluation studies in a broader health and specifically HIV/AIDS sector	Initiated database of the available economic studies/assessments in the health sector and in the HIV/AIDS in particular	Started. Data is being collected from the partners and open sources	To be continued in Q3
		Database of the tools that support the evidence-based decision making is in place and communicated to the partners	Planned for Q3 together with the STTA	
O.2.SO2.2	Support the development of the risk- and output-adjusted capitation for financing HIV services at the primary healthcare level	Develop a concept of the risk- and output adjusted capitation	To be started in Q3 instead of Q4	
		Description of the risk- and output-adjusted capitation principle with an examples of application is presented among partners	To be started in Q3 instead of Q4	
O.2.SO2.3	Conduct cost-accounting on key services selected for PHC-integrated HIV/AIDS services at the actual case-load	Terms of Reference developed and data collection team established and trained	To start Q3 together with STTA on the research design	Options for costing key priority services (Activity based costing) as well as for case-costing to be investigated within frame of collaboration with other USAID funded projects such as HFG / Chernihiv and/or in our planned piloting sites in pilot oblasts, and/or through collaboration with local government initiated integrated case settings, such as launched in key rayon(s) in Mikolaev oblast.

	intensity, reflecting low, medium and high incidence/prevalence settings. Exercise will inform cost-efficient and quality service provision modality for continuity of care.	Data collection and analysis	Data collection protocols to be evaluated and validated from perspective of result compatibility with costing performed by other stakeholders.	Project is assessing the methods used by other stakeholders who have conducted costing, with the aim to ensure that costing results from the project (i) provides clear answers to distinct questions, (ii) results are comparable with costing results generated by other projects. This work requires a significant level of specialist effort, and is started ahead of original planning, by STTA contribution already QR-3.
		Results and recommendations -YEAR 3		
O.2.SO2.4	Provide the HIV service providers with a tool to track and allocate resources at the facility level	Assessment of planning and allocation tools conducted, including iHTP (Integrated Healthcare Technology Package)		
		Tool selection process		
		ToR developed		

O.2.SO3	**Sub-objective 2.3:** Capacity of oblast health? departments and facilities strengthened in financing, budget preparation and execution, reporting and accounting to match the needs of integrated, optimized and restructured HIV/AIDS service-delivery operations **Linkage to Objective and Project Purpose:** Building the capacity of the oblast departments and facilities in financing and budgeting, will help sustain HIV/AIDS efforts moving forward. This is particularly important within the context of GFATM phase-out, where the government will be required to fill the financing gaps. **Targets and Milestones:** Number of PEPFAR-supported sites that receive HIV Reform in Action TA in the areas of financing, budgeting and/or resource handling; Number and percent of health financing and budgeting staff in the priority oblast administrations that complete HIV Reform in Action thematic training;

#	Activity	Output	**Progress** (planned vs. actual)	**Comments about progress and plan for next quarter**
O.2.SO3.1	Conduct an assessment of the financial reporting and accounting systems within healthcare facilities to understand their compliance with Performance-Based Budgeting approach and efficient financial	MMBT is developed for financial management systems, FM targets are defined by counterparts, and assessment is planned YEAR 2	STTA specialist on Capacity building planned in country during Q3 – linking MMBT with public finance management capacity of key partner organizations at national and oblast level	MMBT adaptation to the key institutional setting
		Counterpart team works through the MMBT to review of the current state of the fin reporting and develops an action plan for		

	management practices	change, to enable optimization and rationalization through budgeting and budget execution/reporting YEAR 2		
		Recommendation for the training module on the accounting and finance handling for the health care facilities - YEAR 2		
O.2.SO3.2	Design and deliver capacity building events to match the needs for PHC Health Center accounting/reporting and for staff at Oblast and rayon offices responsible for budget allocation and budget execution.	Capacity building plan aligned to MMBT Action Plan and events/trainings initiated YEAR 2		
O.2.SO3.3	Work with Ministry of Finance or/and oblast budgeting department to identify barriers in the implementation process of PBB (Performance Based Budgeting)and develop a strategy to improve budget planning and implementation in the HIV sector	Memorandum of Understanding with Ministry of Finance or/and oblast administrations developed		
		Active work of the multi-sectoral working groups at the national/subnational level with participation with Ministry of Finance or/and budgeting departments of oblast administrations		
		Prioritization and resource allocation approach defined - YEAR 2		

O.2.SO4	**Sub-objective 2.4:** Evidence pool is created to support funding decisions in the HIV response at the national and sub-national level
	Linkage to Objective and Project Purpose: When policy-makers and implementers are able to prioritize HIV/AIDS financing needs based on evidence, HIV/AIDS programs will more cost-effectively meet the needs of priority groups, including MARPs with a focus on results.
	Targets and Milestones:

		Number and percent of project-supported studies where the request for conducting desk studies is issued by the national and/or sub-national authorities (Cumulative); Number and percent of project-supported studies in which at least one member of the study team is delegated by the national and/or sub-national authorities (Cumulative); Number of National AIDS Spending Assessments (NASAs) completed during life of the project to date		
#	**Activity**	**Output**	**Progress** (planned vs. actual)	**Comments about progress and plan for next quarter**
O.2.SO4.1	Following the national timeline, support national and oblast efforts in HIV-related resource tracking to generate data and evidence	NASA data collected and analyzed partially or fully (depends on the national timeframe of the exercise)	Work in progress with the short-term consultant	Started Q2 Y1 instead of Y2
		NASA report drafted - YEAR 2	Work in progress	
		Global AIDS Report (reported once in 2 years) Indicator 6.1 "Domestic and international AIDS spending by categories and financing sources" This indicator is measured by the National AIDS Spending Assessment and corresponds with the Indicator#1 in the List of National Indicators of Monitoring and Evaluation (approved by the Cabinet of Ministers to monitor National HIV Program)	TA support incl., NASA work on-going with detailed NASA data analysis, to generate completed report for the past financial period of the years 2011-2012	Work will continue Q3
O.2.SO4.2	Work with MOH, oblasts and other partners to determine need for ROI and also define metrics of measurement and parameters for analysis (*In addition, also hereunder project TA contribution to investment case and sustainability plan vs. GF conditions*)	Methodology developed, and HIV Reform in Action participation in WG on GF issues	Collaboration and TA contribution has started and continues during Q3-onwards	Was planned to start Q2 according to work-plan but is delayed to match the GF process and the Sustainability working group schedule
		Data collection plan established	Planned to start Q3	
		Data collected		
		Data processed and validated		
		Results are presented		
O.2.SO4.3	Assess the capabilities of the	Methodology developed	Is included in the scope of the Health financing grant – to be started Q3	Planned to start Q3 as a part of the health financing grant implementation

	local budget to sustain the HIV program by conducting a fiscal space analysis in two oblasts	Data collection plan established		
		Analysis produced and communicated during the local councils' meetings (also in the new oblasts as they come up in the later years)		

OBJECTIVE 3: OPTIMIZED, FLEXIBLE AND STRENGTHENED HRH SYSTEM IS DEVELOPED ABLE TO PROVIDE SUSTAINABLE, INTEGRATED, GENDER-SENSITIVE AND STIGMA-FREE HIV/AIDS SERVICES

A Work-plan/Implementation-plan and PMEP documents have been developed, submitted to USAID. The Workplan has been approved, while a final PMEP was submitted on the 9th of April including PEPFAR MER indicators. Format of QR-2 match the Workplan and refers to indicators in submitted PMEP.

<table>
<tr>
<td>O3</td>
<td colspan="4"><i>Objective 3:</i>

<i>An optimized, flexible and strengthened HRH system is developed that is able to provide sustainable, integrated, gender-sensitive and stigma-free HIV/AIDS services</i></td>
</tr>
<tr>
<td rowspan="4">O3.SO1</td>
<td colspan="4"><i>Sub-objective 3.1:</i>

Human resource needs and gaps for integrated HIV/AIDS–services are addressed in the context of priority services</td>
</tr>
<tr>
<td colspan="4"><i>Linkage to Objective and Project Purpose:</i>

Addressing the HR gaps, which includes assessing and providing options for HRH changes, will be critical to transitioning HIV/AIDS services from GFATM to GOU-managed facilities. This objective is linked to the broader Objectives, as well, in that the addressing the needs and gaps will have policy and financing implications, and require evidence to support the changes.</td>
</tr>
<tr>
<td colspan="4"><i>Targets and Milestones:</i>

Target indicators: National 5-year plan for HRH planning and management strategy aligned with NAP is developed and approved; Number of priority oblasts that have started HRH strengthening plan implementation, which is developed based on prioritized needs and integrated HIV/AIDS services (Cumulative)

Obj 3 Year 1 Milestones: HRH tools and methods identified and SOW defined and launched for HRH analysis by month 12 (yes/no); HRH assessment needs presented to X meetings and working groups by month 12 (yes/no)</td>
</tr>
<tr>
<td>#</td>
<td>Activity</td>
<td>Output</td>
<td>Progress (planned vs. actual)</td>
<td>Comments about progress and plan for next quarter</td>
</tr>
<tr>
<td>O3.SO1.1</td>
<td>Study/Define HRH needs for HIV response including Key populations with regards organizational capacity and task distribution, including needs of key populations HRH demand to address them</td>
<td>HRH needs for HIV service provision defined</td>
<td>Started in Q2 according to WP</td>
<td>Work with a concept paper for defining HRH needs and gaps analysis on HRH needed for provision of priority HIV services.

Study has been started and will continue through Q3-4 with consultations with key partners and stakeholders: SS, MOH (center for medical service standardization), UCDC, WHO, WB, National HIV training center (National Medical Academy), Kiev post-graduate medical academy, and International HIV/ADIS Alliance.</td>
</tr>
</table>

O3.SO1.2	Facilitate consultative discussions with core GOU agencies, regional governments departments, and other stakeholders to discuss HRH priorities to meet HIV/AIDS service delivery performance needs	Summary of prioritized HRH development needs drafted. Recommendations developed	Started in Q2 according to WP	Meeting will be conducted after completion of the Concept paper for HRH needs and gaps for HIV service provision study in Q3
O3.SO1.3	Conduct working meetings/consultations with stakeholders to finalize recommendations regarding HRH priorities	HRH needs for HIV programs presented at meetings, included inter-sectoral working group, and finalized	Started in Q2 and to continue intermittent	See previous comment
O3.SO1.4	Assess organizational gaps using MMBT in enabling HRH priorities through counterpart-led organizational assessment	Comparative analysis/review of existing models conducted and gaps identified. MMBT proposed to counterparts and gaps/priorities analyzed and recommendations formulated.	Planned to start Q3	Will be run concurrently with the grant activities under Obj 3.
O3.SO1.5	Develop tools/methodology of a baseline/analytical study on current state of HRH and implications on service delivery, including gender, HRIS needs and other aspects	Tools developed	Planned to start Q3	According to information received from UCDC in March 2014 (requested in February, delay probably due to political crisis) need for HRH gap analysis needs to be redefined after a thorough analysis of the materials presented. This activity is planned to start in Q3.
		TOR for study defined and advertised	Planned to start Q3	
		Study implementer identified	Planned to start Q3	
		Analysis conducted and report prepared including sections on gender gaps among HRH, HRIS needs and normative/legal parameters for HRH/HIV	Planned to start Q3 onwards	
O3.SO1.6	Conduct baseline/analytical study on current state of HRH and implications on service delivery, including gender, HRIS needs and other aspects	Analytical report presented to counterparts, achievements highlighted and gaps identified	Originally planned to start Y3, but with assistance of Deloitte IT specialist mobilized to join the team in Kiev already first steps in analysis of options for a HRIS scheduled to start early April, and continue Q3-4 in present year	Continues Q3-onwards

#	Activity	Output		
O3.SO1.7	Hold advising sessions with stakeholders discussing the results of the study at the national and regional levels	Analytical report presented to counterparts, achievements highlighted and gaps identified		
O3.SO2	***Sub-objective 3.2:*** Systemic and operational changes in HRH are introduced for provision of sustainable, integrated, gender-sensitive and stigma-free HIV/AIDS services			
	Linkage to Objective and Project Purpose*:* To create an environment of sustainable, integrated services for MARPs, HR systems will require operational changes so that human resources are managed and skills are aligned based on needs and anticipated results.			
	Targets and Milestones: Number of priority oblasts with an operational HRIS system that monitors oblast healthcare staff continuous medical education pertaining to HIV skills (Cumulative figure); Number and percent of facilities in priority oblasts that provide HIV services that are including staffing information, by cadre, in the HRIS (Cumulative)			
#	**Activity**	**Output**	**Progress** (planned vs. actual)	**Comments about progress and plan for next quarter**
O3.SO2.1	Conduct review of HRIS IT system technical development, including cost benefit analysis	Recommendations developed and given for an optimal IT product/system solution	Grant option developed for IT system adaptation for a facility level based HRIS linked with facility HMIS	Further development to be coordinated with pilot sites in oblasts. Discussion and planning alongside the MOU with oblast in Lviv
O3.SO2.2	Discuss with MOH leadership HRIS system type	Decision on system type and implementation process reached, including identifying organizations with HRIS ownership		
O3.SO2.3	Design and implement HRIS system introduction, change management and capacity development activities	Plan of activities designed and monitored		
O3.SO2.4	Develop rationalization options, as defined based on results of previously conducted assessment studies, matched w EBM and local context	List of rationalization options defined		

O3.SO2.5	Test rationalization options in selected regions	Achievement and lessons learned analyzed and presented to stakeholders Survey conducted		
O3.SO2.6	Conduct an anonymous survey on incentives to improve services for key populations	Survey conducted		
		Options for meaningful incentives identified		
O3.SO2.7	Provide TA to develop Operational Plans in selected regions	Operational Plans in the selected regions developed		
O3.SO2.8	Develop communication strategy for HRIS	Strategy for HRIS developed HRIS system operational; trainings conducted for relevant personnel		
O3.SO2.9	Implement HRIS system and train personnel to use it	Incentives schemes are piloted in selected regions		
O3.SO2.10	Pilot incentive scheme in selected regions, including advocacy for task shifting. Conditional upon Cabinet of Ministries, MOH, State Services, we start triangulation selecting oblast sites for incentive schemes piloted. (Study on optimization options of per-case served salary incentives under Objective 2 considered as preparatory work)	Piloted incentives schemes are incorporated into operational plans od selected regions	A draft incentive concept, building on per case served allowing bonus for physician for HIV service or other PHC service to be added to base salary, salary component for level of specialty, and years of experience developed as base for further exploring options to facilitate PHC service delivery at good quality	Concept and model for simulating options for incentive-based salary package prepared - to be validated with key stakeholders, in preparation for field-testing in the context of project-launch of oblast pilot sites. Planned for Q3-4
O3.SO2.11	Pilot incorporation of selected incentives into Operational Plans	Piloted incentives schemes are incorporated into operational plans od selected regions		
O3.SO3	**Sub-objective 3.3:** Capacity of Ukrainian institutions are strengthened to generate support and implement HRH changes and counterparts and decision makers are empowered			
	Linkage to Objective and Project Purpose:			

	Strengthening the capacity of institutions to change HRH policies and programming will be necessary to enable an optimized HRH system. It will also enable successful transfer of patients from GFATM facilities after the phase-out. Capacity in HRH will be further linked to Objective 2, financing and budgeting, to ensure that stakeholders have sufficient capabilities in planning, budgeting and costing HRH needs based on service-delivery needs.			
	Targets and Milestones:			
	Number of new health workers who graduated from pre-service training institution within the reporting period (H2.1 .D PEPFAR); Number of health care workers who successfully completed in-service training program within the reporting period (H2.3 .D PEPFAR); Number and percent of change agents/champions enrolled and trained that start to apply the new skills/tools/approaches into practice			
#	**Activity**	**Output**	**Progress** (planned vs. actual)	**Comments about progress and plan for next quarter**
O3.SO3.1	Identify and engage champions at the national and regional levels, including civil society organizations, for broader HRH improvements for HIV/AIDS	Nominations collected in coordination with stakeholders		
		Champions selected		
		Champions' needs assessment for capacity developing / TA provision/ training for HRH improvements for HIV area completed		
O3.SO3.2	Strengthen managerial / organizational capacity of champions to generate support in improvements for HRH of HIV area Strengthen managerial / organizational capacity of champions to generate support in improvements for HRH of HIV area	TA working plan developed		
		Change agents /champions support to implement support for HRH changes' activities issued		
		Communication channels set up (regular telecommunication conferences, sharing, webinars) and seminars, trainings, roundtables conducted		
O3.SO3.3	Develop capacity of local organizations (NGO and private consultancies) in advocating, TA and capacity building	Capacity development strategies for partners, incl. training plan, are developed		
O3.SO3.4	Engage local organizations in advocating changes to HRH system	Local organizations assisted to conduct advocacy activities		

O3.SO3.5	Introduce HIV and Harm Reduction issues into pre- and in-service education system for HRH	HIV topics (including management, prevention: Harm reduction, MAT, counselling & testing, treatment & care for PLWH etc.) incorporated into curriculum of medical and social education		

STATUS OF OVERALL PROJECT PROGRESS AND PERFORMANCE ON THE MONITORING PLAN

Q2 RESULTS (BASED ON THE GOALS OF EACH OF THE OBJECTIVES)

High level results

Purpose level indicator	2013 Baseline	Target value Y1	Progress 6mo	Comment
Number and percent of MARPs covered with VCT	115722 / 20,8%	TBD	N/A	
Number and percent of IDUs reached with MAT programs	7353 / 2,96%	5%	N/A	
Number and percent of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	55784 / 23,8%	BL increased by 2,5%	N/A	
Percentage of HIV-infected with late diagnosis (III-IV stages) among all new diagnoses	53,6%	41%	N/A	
Percentage of civil society organizations receiving HIV program funding in project selected regions (PEPFAR – CO_CSO_NAT)	N/D	TBD	N/A	

Cross-Cutting areas:

Institutionalization and Grants Management

Indicators	2013 Baseline	Target value Y1	Progress Q1 Value	Progress 6mo Value	Comment
Percentage improvement in self-assessment scores	N/A	NBD	N/A	N/A	

Communication and Knowledge Management

Indicators	2013 Baseline	Target value Y1	Progress Q1 Value	Progress 6mo Value	Comment
Number of actions on communications portal	0	50	N/A	N/A	

Gender and stigma sensitization

Indicators	2013 Baseline	Target value Y1	Progress Q1 Value	Progress 6mo Value	Comment
Level of introduction of gender-based approach in MAT programs	0,56	N/A	N/A	N/A	

Objective 1: National leadership strengthened to integrate gender-sensitive and evidence-based HIV/AIDS services into policy and program implementation, providing the basis for an effective and efficient integrated health system within the healthcare reform context and anticipated Global Fund phase-out

Objective 1 Milestones	Target value Y1	Progress Q1 Value	Progress 6mo Value	Comment
Speaker series activity initiated by month	Yes by target group identification	No	No	Dichotomous indicator
Change agents identified by month	Yes, Numbers TBD	No	No	Dichotomous indicator

Indicators	2013 Baseline	Target value Y1	Progress Q1 Value	Progress 6mo Value	Comment
Number of regulatory documents for which the Project provides evidence-based recommendations during development or revision (Cumulative)	0	1	N/A	0	
Regulation for licensing of entities for HIV service delivery prepared	0	1	N/A	N/A	
Number of PEPFAR-supported DSD and TA sites (PEPFAR – SITE_SUPP)	TBD	TBD	N/A	N/A	
Number and percent of HIV-positive patients that receive ART services funded by GoU	79,9%	TBD	N/A	N/A	
Number of desk study recommendations provided by the Project to MOH and State Service to be incorporated into regulatory documents (Cumulative)	0	4	N/A	0	
Prioritized service package SLA prepared	0	0	N/A	0	

Objective 2: Improve and optimize resource allocation and financing for the national and selected regional HIV/AIDS programs targeting key populations

Objective 2 Milestones	Target value Y1	Progress Q1 Value	Progress 6mo Value	Comment
Collaborative partners identified and engaged for health financing efforts, by month	Yes	No	No	Dichotomous Indicator
Obj 2: Socio-economic evaluation studies identified, reviewed, and consolidated in database by month	Yes	No	No	Dichotomous Indicator

Indicators	2013 Baseline	Target value Y1	Progress Q1 Value	Progress 6mo	Notes
Percent of the actual annual budget allocations for National HIV Plan in the State Budget Law of Ukraine as a portion of the original approved allocation in the National HIV Plan	36,1	N/A	N/A	N/A	
Percent of funds spent for priority services targeting MARPs from the state/local budget out of the	N/D	N/A	N/A	N/A	

total HIV-related expenditures from the state/local budget in selected regions. (PEPFAR)					
Strategy for new unified financing of integrated HIV/AIDS services developed	0	1	N/A	N/A	
Concept on a risk-adjusted capitation budgeting mechanism and case-based staff incentive scheme for meeting HIV service needs prepared	0	1	N/A	N/A	
Number of selected regions actively formulating budgets for integrated HIV services through application of risk and output adjusted capitation	0	0	N/A	N/A	
Number and percent of sites in selected regions that receive Project TA in the areas of financing, budgeting and/or resource handling	0	TBD	N/A	0	
Number and percent of health financing and budgeting staff in the selected regions administrations trained	0	TBD	N/A	0	
Number and percent of project-supported studies in which at least one member of the study team is delegated and actively involved by the national and/or sub-national authorities (Cumulative)	0	1	N/A	N/A	

Objective 3: Optimize and Strengthen Human Resources for Health for the Delivery and Scale-up of Gender Sensitive HIV/AIDS services targeting key populations

Objective 3 Milestone	Target value Y1	Progress Q1 Value	Progress 6mo Value	Comment
HRH tools and methods identified and SOW defined and launched for HRH analysis by month	Method identified	No	No	12 mo Dichotomous Indicator
Obj 3: HRH assessment plan designed and presented to X meetings and working groups by month	Plan design presented	No	No	12 mo Dichotomous Indicator

Indicator	2013 Baseline	Target value Y1	Progress Q1 Value	Progress 6mo	Notes
Human Resource Information Systems (HRIS) Assessment Framework (PEPFAR – HRH_HRIS)	N/A	TBD	N/A	N/A	
National 5-year plan for HRH planning and management strategy aligned with NAP is introduced	0	0	N/A	N/A	
Number of selected regions that have started HRH strengthening plan implementation, which is	0	0	N/A	N/A	

developed based on prioritized needs and integrated HIV/AIDS services (Cumulative)		43			
Number of selected regions with an operational HRIS system that monitors regions healthcare staff continuous medical education pertaining to HIV skills (Cumulative)	0	0	N/A	N/A	
Number and percent of facilities in selected regions that provide HIV services that are including staffing information, by cadre, in the HRIS (Cumulative)	0	TBD	N/A	N/A	
Number of new health workers who graduated from a pre-service training institution or program as a result of PEPFAR-supported strengthening efforts, within the reporting period, by select cadre (PEPFAR)	0	TBD	0	0	
Number of person-courses completing in-service training within the reporting period (PEPFAR)	0	175	N/A	0	
Number and percent of change agents/champions enrolled and trained that apply the new skills/tools / approaches into practice	0	TBD	N/A	N/A	

PROBLEMS ENCOUNTERED, STATUS, PROPOSED SOLUTIONS
KEY ISSUES / POINTS OF INFORMATION

Programmatic

Main challenges which the project has encountered during the quarter have been dominated by the political turmoil, violence and change of government on central and oblast levels (See Annex 6)

The political events have led to significant changes in key governmental structures and delays with the Memorandum of understanding for collaboration with the Ministry of Health, State Service and UCDC. Events have also delayed engagement with the oblasts. Delay of MOU signing has in turn also delayed the process of project registration.

The solution has been to revisit the oblast selection and roll-out process, starting with practical engagement in western oblasts (Lviv). This region has shown more political stability comparing to south-east, where however the project wanted to prioritize oblasts high HIV prevalence. Starting oblast level rollout work in Lviv helped to align with the World Bank regional health reform program.

The format for engagement and collaboration with oblast administrations is also being considered in terms of how to match political changes, such as GoU formulation of Administrative Territorial reform plans. There are discussions at the central government level about replacing the oblast state administrations with executive committees in each oblast. Potential impact of this change on project work with oblast health authorities is difficult to assess at this point of time. The project team monitors developments and is prepared to adjust accordingly.

Regarding the role of Oblast Executive committees, the vision for these bodies is to take on full responsibility for the situation in each oblast. Such change would allow for increased accountability in managing community resources. This would have significant impact on provincial priority-settings for HIV-AIDS response, local funding of healthcare services and priorities for provincial action plans for HIV AIDS response. While engaging with Lviv oblast, the project is considering the level of support to meet the needs.

Cross-cutting / contextual

Cross-cutting activities, such as the Grants Program, has been prepared and proposed grants in support of each objective, including TA capacity building for Ukrainian entities. Grants Program's Indicators are compatible with the PMEP.

Management

Project Registration with the Ministry of Economy of Ukraine – signing MOUs with State Services has taken more time than originally envisaged, which had impacted the timeline of project registration with the Ministry of Economy. While this delay has had minimal impact on the operational efficiency of the project, without registration the project is unable to use VAT exemption.

Recommendations/Suggested Changes	Responsibility	Completion Date
NA		

Lessons learned

(i)	Project Level Lessons	NA	
(ii)	Sector Level or Thematic Lessons	NA	
(iii)	General Development Lessons	NA	

SUCCESS STORIES
To be submitted separately during the life of the project

BEST PRACTICES THAT CAN BE TAKEN TO SCALE
To be submitted separately during the life of the project

CALENDAR OF UPCOMING EVENTS

- Upcoming events during coming Quarter include participation in a wide array of working groups, including working group on GF application and NAP 2015 optimization.

- The Quarter also includes further project engagement with Oblast Lviv and planned engagement with Oblast Mykolaev, as well as engagement with piloting of VCT in primary care in Chernihiv.

- Further engagement with oblasts will be planned to the extent possible as joint visits to the oblasts together with the World Bank

- Advertising Grants program and launch of the "Call for Concept papers" for the health Financing grant, selection of the grantee, application development, workplan development – April-July 2014

- Meetings and collaboration with NGOs IBSER to discuss an introduction of the performance-based budgeting in health care – April-May 2014

- UNICEF / National Financial Management Academy: presentation of the analysis of the efficiency and effectiveness of provision and funding of the social services

- Investment case development (joint effort of UNAIDS, World Bank and our Project) – April – June 2014

- Plan of visit to enroll with oblasts, tentative next oblast to engage with being Mikolaev, Donetsk and/or return to Lviv for finalizing negotiations with oblast administration on the MOU

- World Bank launch of the Governance Report

- Three project-administered USAID funded Grants announced and advertised call for Concept paper for a Health Finance Entity collaboration grant

ANNEX 1: STAKEHOLDER LIST

Governmental Counterparts

Entity Name (English)	Entity Name (Ukrainian)	Name/Title	Contact details (address, phone, e-mail)
State Institution "Ukrainian Center for Socially Dangerous Diseases Control of the Ministry of Health of Ukraine" (UCDC)	ДУ «Український центр контролю за соціально небезпечними хворобами Міністерства охорони здоров'я України»	Natalia Nizova - Director	19 Moskovskii Ave, Kyiv, Ukraine, 04655 tel. (044) 281-23-57
Verkhovna Rada of Ukraine VRU	Верховна Рада України	Volodymyr Rybak – Head	5, Grushevskogo Str., Kyiv, Ukraine, 01008
State Social Service for Family, Children and Youth	Державна соціальна служба у справах сім'ї, дітей та молоді	Valerii Tantsiura - Director	2 Dovzhenka Str., Kyiv, Ukraine, 03057 Tel.458-27-67, 456-49-83, 456-45-51
State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases	Державна служба України з питань протидії ВІЛ-інфекції/СНІДу та іншим соціально небезпечним хворобам	Tetiana Aleksandrina – Head of SS Yevhen Khaniukov – First Deputy Head Olena Yeshchenko – Deputy Head	5 Anri Barbyusa Str., Kyiv, 03150
State Penitentiary Service of Ukraine	Державна пенітенціарна служба України	Sergii Starenko – Principal Vitaliy Oshvsky – First Deputy Principal Igor Artemenko – Deputy Principal	81 Melnikova Str., Kyiv 04050 us@kvs.gov.ua
National TB and HIV Council (NTHC)	Національна рада з питань протидії туберкульозу та ВІЛ-інфекції/СНІДу	TBD – Head of the Council TBD – Deputy Head of the Council	5 Anri Barbyusa Str., Kyiv, 03150 (044) 287-87-20, 287-87-16, 287-87-18 Fax 287-89-59(42); aids@moz.gov.ua dssz@dssz.gov.ua
Ministry of Youth and Sports of Ukraine	Міністерство молоді та спорту України	Dmytro Bulatov – Minister Sergiy Glushchenko – First Deputy Minister Vadym Sysiuk – Deputy Minister Yevhen Golovin – Deputy Minister	42 Esplanadna Str., office 203, Kyiv Tel. +38 (044) 289-95-05, 289-02-00 press@msms.gov.ua
Ministry of Social Policy of Ukraine	Міністерство соціальної політики України	Ludmila Denisova – Minister Vitaliy Mushinin– First Deputy Minister Ivankevich Viktor – Deputy Minister	8/10 Esplanadna Str., 01601 Tel. (044) 289-66-89, 226-24-45 Fax. (044) 289-00-98, info@mlsp.gov.ua
Ministry of Justice of Ukraine	Міністерство юстиції України	Petrenko Pavlo - Minister	13 Gorodetskogo Str., Kyiv, 01001
Ministry of Internal Affairs of Ukraine	Міністерство внутрішніх справ України	Arsen Avakov – Minister Volodymyr Evdokimov – First Deputy Minister Mykola Chebotar – Deputy Minister Sergiy Yaroviy – Deputy Minister	10 Academician Bogomolets Str., Kiev, 01601 tel. +38 (044) 256 03 33 fax. +38(044) 256 16 33
Ministry of Incomes and Fees of Ukraine	Міністерство доходів і зборів України	Igor Bilous – Minister Vitality Naumenko – Deputy Minister	8 Lvivska Sq., Kyiv, 04655 Tel.+38(044)272-51-59,

Entity Name (English)	Entity Name (Ukrainian)	Name/Title	Contact details (address, phone, e-mail)
		Vladimir Homenko – Deputy Minister	+38(044) 272-63-34 044-272-08-41 fax (044) 272-08-41
Ministry of Health of Ukraine	Міністерство охорони здоров'я України	Oleg Mysiy – Minister Ruslan Salytin – First Deputy Minister Roman Bogachev – Deputy Minister Oleksandr Tolstanov – Deputy Minister	7 Grushevskogo Str., Kyiv, 01601 tel. 253-61-94 fax 253-40-17 moz@moz.gov.ua
Ministry of Finance of Ukraine	Міністерство фінансів України	Oleksandr Shlopak – Minister Anatolii Miarkovskii – First Deputy Minister Vitality Losovenko – Deputy Minister Denis Fudashkin – Deputy Minister	12/2 Grushevskogo Str., Kyiv, 01008 fax +38 (044) 425-90-26 informf@minfin.gov
Ministry of Education and Science of Ukraine	Міністерство освіти і науки України	Sergii Kvyt – MinisterBorys Zhebrovskii – Deputy Minister	10 Peremogy Ave, Kyiv, 01135 tel. (044) 481-32-21, fax (044) 236-10-49 ministry@mon.gov.ua
Ministry of Economic Development and Trade of Ukraine	Міністерство економічного розвитку і торгівлі України	Pavlo Sheremeta – Minister Anatolii Maksiuta – Deputy Minister	12/2 Grushevskogo Str., Kyiv, 01008 Tel. +38 (044) 253-9394 fax +38 (044) 226-3181 meconomy@me.gov.ua

Key Ukrainian NGO and institutional counterparts

Entity Name (English)	Entity Name (Ukrainian)	Name/Title	Contact details (address, phone, e-mail)
All-Ukrainian charitable foundation "Coalition of HIV servicing organizations"	Всеукраїнський благодійний фонд «Коаліція ВІЛ-сервісних організацій»	Natalia Pidlisna - Director	3 Zadorozhniy lane, building 2, Kyiv, 03040 tel./fax: 380 44 258 05 50, 380 44 258 23 71, office@hiv.org.ua
All-Ukrainian charitable organization "All-Ukrainian Network of People living with HIV"	Всеукраїнська благодійна організація «Всеукраїнська мережа людей, які живуть з ВІЛ»	Volodymyr Zhovtyak – Head of Coordination Board Volodymyr Kurpita – Executive Director	45-b Rosiyska Str., Kyiv, 02099 **tel.:** (044) 228-56-97 E-mail: office@plwh.kiev.ua http://plwh.kiev.ua/
All-Ukrainian charitable organization "Network of organizations working in penitentiary area"	Всеукраїнська благодійна організація «Мережа організацій, що працюють у пенітенціарній сфері»	Mykola Gagarkin - director	app.61, 11 Naberezhno-Khreschatytska Str. Kyiv
Charitable organization "Klitschko Brothers Foundation"	Благодійна організація «Фонд братів Кличків»	Alina Nosenko – Executive Director	48-B Khreshchatyk Str., Kiev, Ukraine
Clinton Foundation	Фонд Клінтона в Україні	Iryna Grishayeva - CEO	24 Shovkovychna Str., office 14, 01024 Tel. 380 44 253 36 66, 253 44 57 Fax 380 44 253 21 03

International charitable foundation "International HIV/AIDS Alliance in Ukraine"	Міжнародний благодійний фонд «Міжнародний Альянс з ВІЛ/СНІД в Україні»	Andrii Klepikov – Executive Director	9th floor, building 10A, 5 Dymytrova str., Kyiv, 03680 Tel.: (+38044) 490-5485 Fax: (+38044) 490-5489 office@aidsalliance.org.ua
FISCO id		Yuriy Dzhygur Katya Manzyuk	Kyiv - 213, POB - 17 04213, e-mail: office@fisco-id.com
Institute for economics and forecasting, Ukrainian National Academy of science	Інститут економіки та прогнозування Національної академії наук України	Olga Balakiryeva, Head of section of monitoring of socio-economic transformation,	01011, Kyiv, 26 Panasa Myrnoho Str, Tel: +38(044) 280-1234 Fax: +38(044) 280-8869 e-mail: gvm@ief.org
Institute for budgetary and socio-economic research		Viacheslav Zubenko Director General 380 67 960 02 66 e-mail vzubenko@ibser.org.ua	www.ibser.org.ua 04070, Kyiv, 15-v Borysoglibs'ka Str. Tel. +38(044) 353 58 68, 492 97 80/81 Fax 380 44 492 97 83
Institute of epidemiology and infectious diseases of Gromashevskiy	Інститут епідеміології та інфекційних хвороб ім.Громашевського	Viktoria Zadorozhna – Acting Director	5 Amosova Str., Kiev, Ukraine, 03038 tel/fax: (044) 275- 37- 11 e-mail: epidemics@ukr.net
Ukrainian Red Cross Society	Товариство Червоного Хреста України	Ivan Usichenko - President	30 Pushkinska Str., Kyiv, 01004 Tel. (044) 235-01-57 fax (044) 288-16-58 national@redcross.org.ua international@redcross.org.ua
Ukrainian Institute of Public Health Policy Research	Український інститут досліджень політики щодо громадського здоров'я	Sergii Dvoriak - Director	4 Malopidval'na, office 6, Kyiv, 01001 Tel. +38 (044)2783132, 2793586
Ukrainian Harm Reduction Association (UHRA)	Всеукраїнська асоціація зменшення шкоди	Anatoliy Yakobchuk – President	16 Dovnar-Zapolskogo Str., office 42-b, Kiev, Ukraine tel/fax +38(044) 5361778 ext.103
SCM Corporate Foundation For Development of Ukraine (Rinat Akhmetov's foundation)	[Корпоративний] благодійний фонд [СКМ] «Розвиток України»	Anatolii Zabolotnii - Director	8 Ilyinska Street 04070, Kyiv, Ukraine Tel: +38 (044) 502 52 14 Fax: +38 (044) 502 52 15
National Medical Academy of Post-Graduate Education (NMAPE)	Національна медична академія післядипломної освіти (НМАПО)	Yurii Voronenko - Principal	9 Dorogozhytska Str., Kyiv, 04112
Olena Pinchuk ANTIAIDS Foundation	Фонд Олени Пінчук «АНТИСНІД»	Olga Rudnieva - Director	Parus Business Centre Mechnikova str., 2, 17th floor 01601, Kyiv, Ukraine Phone +380 44 490 4805 Fax +380 44 490 4885
Labor and Health Social Initiative (LHSI)	НУО «Соціальні ініціативи з охорони праці та здоров'я»	Ilona Yelienieva - Director	13, Pymonenka Str.

International HIV/AIDS and TB Institute	Міжнародний інститут з питань ВІЛ/СНІДу та туберкульозу	Eliot Perlman – Chair of the Institute	38 Predslavynska Str, office 142, Kyiv, 03150 Tel: +38 (044) 528-37-14, 528-57-19 eliot@aids-institute.org lesya@aids-institute.org
"Public Movement "Ukrainians Against TB" Foundation	Фундація «Громадський рух «Українці порти туберкульозу»	Vitalii Rudenko – CEO	12a Ozerna Str., office 2, Kyiv, 03110 Tel. +38 (044) 273-30-97 Fax +38 (044) 270-44-52 stoptb@ukr.net

Key International Organizations Counterparts

Entity Name (English)	Entity Name (Ukrainian)	Name/Title	Contact details (address, phone, e-mail)
Centers for Disease Control and Prevention	Центри контролю і профілактики захворювань (США)	Charles Vitek – Country Director	4 Sikorskogo Str., Kiev, Ukraine, 04112
AIDS Foundation East-West	СНІД Фонд Схід-Захід	Elena Voskresenskaya, Director	01033, Kyiv, 30 Saksaganskogo Str., office 9 Tel/Fax: +38(044) 287-20-26, 289-27-34 info@afew.org
USAID|Strengthening Tuberculosis Control in Ukraine Project Chemonics International Inc.	Посилення контролю за туберкульозом в Україні	Yelena Kheilo, Chief of Party	14-A Ihorivska Str., Kyiv 04655 Ukraine Tel.: +38(044) 4254747, 4254747, Fax: +380 44 4257333
Family Health International 360	SAME FOR RESPOND (Pact	Aliona Gerasimova - Chief of Party, Ukraine	01001, Kyiv, 15-b Malopidval'na Str. Tel.+38(044) 377 54 64 Fax.+38(044) 377 54 63
Pact		Aliona Gerasimova - Chief of Party, Ukraine	Office 801, 8th floor , Mechnikova Str., Kyiv, 01601, Ukraine Tel: +38 (044) 495-53-83, Fax: +38 (044) 495-53 84
World Bank in Ukraine	Світовий банк в Україні	Mr. Qimiao Fan - Director of World Bank in Ukraine, Belarus and Moldova	1 Dniprovskiy Uzviz, Kyiv, 01010 Tel (380 44) 490-6671 Ukraine@worldbank.org
WHO Country Office in Ukraine	Бюро Всесвітньої організації охорони здоров'я (ВООЗ) в Україні	Dr. Dorit Nitzan Kaluski - WHO Representative	30, Borychiv Tik st, Kyiv 04071, Ukraine Tel.:+ 38 044 425 8828, Fax: +38 044 230 2800 E-mail.: hlpco@who.org.ua
USAID Regional Mission to Ukraine, Moldova and Belarus	Регіональна місія Агентства США з міжнародного розвитку	Jed Barton – Director	4 Sikorskogo Str., Kyiv, Ukraine

	(USAID) в Україні, Молдові і Білорусі		
United Nations Population Fund (UNFPA)	Фонд народонаселення ООН в Україні (ЮНФПА)	Ms. Nuzkhat Ehsan – Representative of UNFPA Pavlo Zamostian – Deputy representative	4 Klovskiy Uzviz, Kyiv, 01021 Тел.: + 380 44 253 0053 ukr@unfpa.org
United Nations Development Program (UNDP)	*Програма* розвитку ООН (ПРООН)	Ms. Alessandra Tisot - UNDP Resident Representative Ms. Ricarda Rieger- UNDP Country Director	1 Klovsky Uzviz, Kyiv 01021, Ukraine Tel.: + 380 44 253 9363, Fax: + 380 44 253 2607 E-mail: registry@un.org.ua
United Nations Children's Fund (UNICEF)	Дитячий Фонд ООН (ЮНІСЕФ)	Ms. Yukie Mokuo - UNICEF Representative	5 Klovskiy Uzviz, Kyiv, 01021 Tel. +38 044 254 2450 Fax: +38 044 230 2506, kiev@unicef.org
UN Office on Drugs and Crime (UNODC)	Управління ООН з наркотиків та злочинності (УНЗ ООН)	Mr. Mirzahid Sultanov - Regional HIV/AIDS Advisor	20 Esplanadna, office 715, Kyiv, 01023 Tel: + 380 44 584 34 58 Fax: + 380 44 584 34 59
Joint United Nations Program on HIV/AIDS (UNAIDS)	Об'єднана програма ООН з ВІЛ/СНІДу (ЮНЕЙДС)	Mr. Jacek Tyszko - UNAIDS Country Coordinator	36V, Saksaganskogo str., 4th floor Kyiv 01033, Ukraine Tel.: + 380 44 499 11 70/72/73 Fax: +380 44 499 11 71 E-mail.: secretariat@unaids.org
Healthy Women of Ukraine Program, John Snow, Inc. (JSI)	Програма «Здоров'я жінок України», корпорація «Джон Сноу Інкорпорейтед»	Oleg Kuzmenko – Director	18 Pavlivska Street Office 100 Kyiv, Ukraine Phone: 380.44.498-2492, Fax: 380.44.498-2493
Internews Ukraine, INGO	Міжнародна громадська організація «Інтерньюз-Україна»	Kostyantyn Kvurt – CEO	15 Ryz'ka Str., Kyiv, 04112 tel/fax (044) 458-44-40, 501-92-03 info@internews.ua
International Renaissance Foundation (IRF)	Міжнародний фонд «Відродження»	Yevgen Bystrytskii – Executive Director	46Artema Str., Kyiv, 04053 tel: +380 (44) 461 97 09, fax: +380 (44) 486 76 29 irf@irf.kiev.ua
International Relief & Development (IRD)	Міжнародна допомога та розвиток	Oksana Mykytenko	21/2 Shmidta Str., Simferopol, Crimea, 95017
German International Cooperation GIZ/ Deutsche Gesellschaft für Internationale Zusammenarbeit	Німецьке товариство з міжнародного співробітництва	Holger Neuweger - Country Director holger.neuweger@giz.de	44, Chervonoarmiyska Street 01004 Kyiv Phone: +380 44581 19-56/57 Fax: +380 44581 19-54 Email: giz-ukraine@giz.de
European Commission's Delegation to Ukraine	Представництво Європейської Комісії в Україні	Ian Tombinski – Head of Delegation, Ambassador	101 Volodymyrska St. Kyiv, 01033 Tel. 380 44 390 8010 E-mail: delegation-ukraine@eeas.europa.eu delegation-ukraine-press@eeas.europa.eu (Press & Information Section)

ANNEX 2: HIV REFORM IN ACTION PARTICIPATION AND CONTRIBUTION TO WORKING GROUPS

	Name of Working Group (Ukrainian)	Name of Working Group (English)	Svitlana Doan	Anastasiya Nitsoy	Zhanna Parkho- menko
1	Робоча група з питань підвищення доступу уразливих груп до лікування та профілактики інфекцій, що передаються статевим шляхом	WG on improvement of the MARPs' access to treatment and prevention of sexually transmitted infections			
2	Міжвідомча робоча група з питань моніторингу та оцінки ефективності виконання програмних заходів з протидії ВІЛ-інфекції/СНІДу	Multi-sectoral WG (MWG) on M&E of the efficiency of the implementation of the HIV/AIDS response program activities	X	X	
3	Робоча група з питань удосконалення системи моніторингу та оцінки програми попередження передачі ВІЛ від матері до дитини	WG on the improvement of the M&E system related to the PMTCT program			
4	Експертна комісія з проведення дослідження ефективності програм протидії ВІЛ-інфекції в Україні	Expert committee on the assessment of the efficiency of the HIV response programs in Ukraine	X	X	
5	Робоча група з питань кадрового планування та розвитку кадрового потенціалу у сфері протидії ВІЛ/СНІДу в Україні	WG on HR planning and HR capacity development in the field of HIV/AIDS response in Ukraine			X
6	Робоча група з питань удосконалення організації лікування хворих на ВІЛ-інфекцію/СНІД в Україні	WG on improvement of organization of treatment for people with HIV/AIDS in Ukraine	X		
7	Міжвідомча робоча група з питань покращення надання медичної допомоги хворим на поєднані захворювання: туберкульоз та ВІЛ-інфекція	MWG on the improvement of provision of medical care to patients with TB/HIV comorbidity			
8	Робоча група з питань моніторингу резистентності ВІЛ до антиретровірусних препаратів	WG on monitoring of HIV resistance to antiretroviral agents			
9	Міжвідомча робоча група з питань замісної підтримувальної терапії	MWG on substitution maintenance therapy	X		
10	Робоча група з питань консультування і тестування на ВІЛ-інфекцію	WG on consulting and testing for HIV	X		
11	Робоча група з аналізу і узагальнення пропозицій щодо вдосконалення законодавства у сфері протидії ВІЛ-інфекції/СНІДу	WG on the analysis and consolidation of proposals on how to improve legislation in the field of HIV/AIDS response	X		
12	Робоча група з питань планування та здійснення оцінки виконання Загальнодержавної програми забезпечення профілактики ВІЛ-інфекцій, лікування, догляду та підтримки ВІЛ-інфікованих та хворих на СНІД на 2009-2013рр.	WG on planning and evaluation of the implementation of the 2009-2013 National HIV/AIDS response Program	X	X	
13	Робоча група з питань розробки/адаптації клінічної настанови з діагностики та лікування дітей, хворих на ВІЛ-інфекцію/СНІД, та підготовки нової редакції клінічного протоколу з антиретровірусного лікування та здійснення медичного спостереження за дітьми	WG on the development/adaptation of clinical guidelines for diagnostics and treatment of children with HIV/AIDS, and preparation of the new version of the clinical protocol for ART and medical follow-up of children			

ANNEX 3: UPDATE ON THE OBLASTS SELECTION PROCESS[3]

As reported, political events across Ukraine has caused a need for plan adjustments budget
with regard to roll-out oblast level activities.
The oblast of Crimea initially selected in the first set of pilot regions has now been removed from the list.

Going forward, the project has proposed to engage with Mikolaev oblast and with Dnipropertrovsk or Donetsk oblast. These choices are consistent with high prevalence of HIV as well as the ambition to maintain good collaboration with the further roll-out of the USAID HFG project implemented by Abt. This project is piloting key HIV services on PHC level.

Further decision on priority oblasts for the project roll-out will also align as far as possible with World Bank's decisions. The World Bank will however confirm the oblast selection for Regional Health reform after planned meeting between World Bank and Oblasts, at the end of the week starting April 14th.

Meanwhile, the project HIV Reform in Action presents high-priority oblast options marked in red in the Spreadsheet below, matching high scores on the oblast selection criteria.

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[3] The final selection based on this methodology is subject to approval by AOR

Table 1: Updated oblast selection matrix

#	OBLAST	Population	HIV/AIDS prevalence (as of Jan 1, 2013) Absolute #	per 100,000 residents	HIV incidence per 100,000 residents (2012)	% of HIV+ registered at clinical stages III and IV	Mortality rate per 100,000 residents (2012)	Estimated ## of MARPs (cumulative number IDUs+FSW+MSM)	# of AIDS Centres	# of AIDS Depts&Cabs	# of Trust Cabinets	# of TC at KIZ	# of KIZ	# of MAT	# of Narco	# of NGOs	# of MARPs received prevention services in 2012 (Alliance)	# of IDUs on MAT (Jan 2013)	% of IDUs on MAT (from the number of register)	# of IDUs having access to ART	% of IDUs having access to ART (from register.)	MARPs coverage with VCT: # of MARPs covered with VCT (2012)	% covered from estimated ##	% covered from regional budget	GF Phase 1 Round 10 through UCDC	GF HIV/TB grants through Alliance	Ratio of GF budget to estimated MARPs ##	Recommended by partners
1	Vinnytsa*	1 633 526	1935	119	20	34.2	3.4	9700	1	0	8	0	26	9	1	3	2731	200	5.9	159	99	1984	20	8,2	280400	213042	51	xx
2	Volyn	1 038 660	1531	147	27	34.3	5	8900	1	5	13	3	1	9	1	1	1685	114	2.2	27	96	2503	28	3,7	97800	76764	20	x
3	Dnipropetrovsk*	3 318 861	21571	652	103	51.7	28.7	59050	1	8	33	6	6	20	1	19	31537	937	4.2	564	74	13640	23	12,3	1600800	1203162	47	xxxxxx
4	Donetsk*	4 400 122	26492	605	85	40.8	19.4	82300	1	43	15	0	1	10	1	20	40771	693	2.4	1023	96	11584	14	8,4	2300700	1634860	48	xxxxx
5	Zhytomyr	1 272 618	2242	177	31	47.8	7.4	8100	1	1	2	0	26	6	1	2	4056	208	4.6	79	84	3523	43	12,4	130000	199745	41	
6	Zakarpattya	1 251 016	288	23	6	23.2	1.1	2500	1	0	13	0	2	3	1	2	653	38	2.6	2	100	1840	74	3,9	9500	58234	27	x
7	Zaporizhia	1 790 717	3297	185	29	44.3	7.6	19800	1	3	21	2	0	6	1	8	6129	223	2.3	112	58	4449	22	6,9	302900	252082	28	x
8	Ivano-Frankivsk	1 380 033	669	48	12	71.5	1.4	10300	1	0	2	0	19	8	1	2	1143	197	4.4	65	90	2984	29	17,0	151400	53822	20	
9	Kyiv	1 719 641	4060	236	40	42.1	7.2	14600	1	0	13	0	19	2	1	6	4884	142	1.8	226	82	3727	26	13,8	101000	144368	17	
10	Kirovograd	1 001 608	1730	174	36	18.4	3.2	19300	1	0	3	0	20	5	1	1	4305	184	2	22	100	1589	8	9,9	90000	195437	15	
11	Lugansk	2 271 026	4148	184	33	28.4	5.3	18800	1	0	28	0	4	8	1	2	9359	485	3.9	289	96	19074	101	19,5	405700	395082	43	xxx
12	Lviv	2 540 557	2233	88	15	34.9	3.1	22700	1	0	5	10	24	7	1	4	7660	161	1.6	36	90	5720	25	13,4	339000	388346	32	xx
13	Mykolaiv	1 177 779	6799	579	96	36.8	9.5	16000	1	0	19	5	19	12	1	14	12454	618	6.2	652	98	8090	51	21,4	627600	875435	94	xxxx
14	Odessa	2 388 007	14583	610	96	43.1	13.2	35000	1	0	6	0	27	3	1	13	31941	213	0.8	188	98	4782	14	7,4	1047000	1464066	72	xxx
15	Poltava	1 476 240	2464	168	30	55.7	9.4	14766	1	0	4	23	2	10	1	3	6943	447	8.2	188	87	1651	11	9,3	258000	525876	53	xx
16	Rivne	1 154 405	1302	113	21	26.3	1.7	6800	1	3	8	0	15	4	1	2	2477	94	2.6	30	100	6669	98	14,9	338900	130153	69	

#	Oblast																											
17	Sumy	1 151 555	975	85	15	27.6	1	10600	1	0	6	0	14	5	1	1	5873	142	3.7	42	88	3902	37	17,5	842000	252783	32	
18	Ternopil	1 080 008	703	65	11	36.8	1.5	3800	1	4	0	0	21	7	1	1	1196	103	7.7	50	91	2816	74	15,1	953000	774700	45	
19	Kharkiv	2 740 626	2585	94	22	45.7	3	35000	1	0	25	2	5	7	1	5	15130	79	0.6	147	89	7533	22	11,0	281000	667565	27	
20	Kherson	1 082 832	3241	300	52	37	2.7	10700	1	2	25	0	0	6	1	4	7089	174	2.4	115	80	2897	27	13,2	266100	365472	59	xx
21	Khmelnitsky	1 319 691	2039	155	23	38.8	4.2	8500	1	0	25	0	5	13	1	1	4864	225	5	33	63	3663	43	14,6	100000	215000	37	
22	Cherkassy	1 276 652	2609	205	37	37.1	8.2	17800	1	0	18	8	2	8	1	9	12578	155	1.2	78	92	11830	66	25,2	184700	203150	22	x
23	Chernihiv	905 071	694	244	47	31.2	6.5	8750	1	4	20	0	5	1	1	3	2015	82	1.9	79	100	16319	187	12,4	212000	98975	36	xxx
24	Chernivtsi	1 087 603	2630	77	12	32.3	1.5	6800	1	0	6	0	10	1	1	1	3398	72	2.7	78	85	4353	64	23,0	486000	187850	35	
25	Kyiv City*	2 814 577	9015	318	46	51.5	7.5	78300	1	1	6	0	0	5	1	10	41454	640	3.2	243	87	17436	22	22,4	1675100	3423847	65	x

* - State HC Reform oblast